



### **APPOINTMENT CONTRACT**

I agree to be here, on time, for my scheduled appointment. If I am unable to keep my appointment, I will give the Institute of Complementary Medicine (ICM) at least 24 hours advance notice. If I fail to show for my appointment or am more than 15 minutes late without contacting the clinic, I understand I will be charged a \$25 appointment non-compliance fee. Payment for this fee will be my responsibility and will not be filed with any third party. I agree to pay this fee in full before rescheduling any type of appointment at the ICM.

I understand that appointment times are given as estimated times that patients will be seen by the doctor. I understand the length of the office visits is based on the needs of each individual patient in the clinic and that there may be minimal or extended delays.

### **PLEASE NOTE**

The first visit with our office will take 1 to 1.5 hours. If you do not have this much time, you may want to reschedule your appointment.

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**SIGNATURE**

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**DATE**

**Please print, fill in, and bring with you for your office visit**