

KAMERON HEALTH
www.kameronhealth.com
Phone: 469-634-6690
Fax: 972-433-5038
Email: provider@kameronhealth.com

No Call No Show Policy and Fees

Once an appointment date and time is confirmed with the provider, a \$40 No Call No Show fee will be charged to the patient for missed appointments if any of the following conditions are met:

- Patient or patient's guardian does not show up to appointment and/or
- Patient or patient's guardian does not leave a message or contact Kameron Health to reschedule or cancel appointment at least 4 hours before appointment time

If any of the above conditions are met, a \$40 fee will be charged to the patient's credit card / debit card on file.

DATE: _____

First Name: _____

Last Name: _____

E-Signature: _____