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CANCELLATION/MISSED APPOINTMENT POLICY

We will make every effort to accommodate your scheduling needs. In return we ask that you help us by keeping your scheduled appointments and by notifying us in advance if you are unable to do so. Thank you for your courtesy.

Please read and sign our policy as indicated below:

ALL PATIENTS WHO FAIL TO MAKE THEIR SCHEDULED APPOINTMENTS OR WHO CANCEL WITH LESS THAN 24 HOURS WILL BE CHARGED A MISSED APPOINTMENT FEE.

· Please note that a missed appointment fee is NOT covered by insurance plans is your responsibility to pay.

· If you need to cancel or reschedule and appointment, please give us at least 24 hours notice to avoid a charge.

Thank you for your assistance in complying with our policy.

Name _____

Signed _____ Date _____