Practical solutions for better health.

institute of complementary medicine
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APPOINTMENT CONTRACT

I agree to be here on time for all of my scheduled appointments. 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 that I will be charged a $50 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 ICM.
I understand that appointment times are given as estimated times that patients will be seen by the doctor. I understand the length of an office visit 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.

______________________________ _________________________

SIGNATURE **DATE**

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