



7829 E Rockhill St #303
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Appointment Cancellation Policy:

- If you are unable to keep an appointment, as a courtesy to our staff & other patients, please give **24 hours notice**.
- Patients who cancel with **less than 24 hours notice** will be subject to a **\$35.00 “Late Cancellation Fee.”**
- Any appointments scheduled outside of normal office hours that are cancelled with less than 24 hours notice or missed, will be subject to a charge of **\$75.**
- Patients who do not show up for an appointment and do not call to cancel that appointment (**No Call, No Show**) will be subject to a **\$75.00 “No Call, No Show Fee.”**
- The patient is responsible for payment within 30 days, following the “Late Cancellation Fee” and/or the “No Call, No Show Fee.” If payment is not received within the 30 day period, the fee amount will be automatically withdrawn from credit/debit card on file.

Patient Signature

Date