



18510 MEYERS RD.  
DETROIT, MICHIGAN 48235  
PH: 313-474-3040 FAX: 313-474-4101  
INFO@CHUNTERHEALTHCARE.COM

### CANCELLATION POLICY

Patient's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that it is my responsibility to notify Dr. Carla Hunter's office if I am unable to keep my scheduled appointment for any reason. I understand that if I do not cancel my appointment within twenty-four hours prior to my scheduled visit, *a \$25.00 fee may be applied to my account* and will be due before my next visit. My signature verifies my questions regarding this policy have been answered and I agree to comply with this policy.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date