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No Show and Cancellation Policy

I understand that it is my responsibility to be on time to my appointments. We understand that life happens. Please give us a courtesy call and we will be more than willing to work with you on rescheduling your appointment.

Should you neglect to notify the office within 48 hours of your appointment that you will not be able to make your scheduled appointment time or if you are marked as a no show to your appointment due to not arriving to the clinic for your scheduled appointment you will be responsible for a \$35 no show/cancellation fee.

By signing below I acknowledge that I have read and understand the terms of this agreement

Signature

Date

Print Name