

Cancellation Policy Agreement

Please re-fax or email this document back to our office within the next 7 days to secure your appointment.

Today Date:		
To: admin@blumcenterforhealth.com		
Fax #: 914.652.7795 (may be faxed or emailed		*******
We have created the following cancellation/resblocks of valuable time that each practitioner abe fair to those people on waiting lists who wo policy carefully so there will be no misunderstate to confirm your appointment.	allows for every ould like an appo	patient visit. We also wish to pintment. Please read the
 There is a 72 hours (3 day) Cancellating The 72 hours includes business days of Monday appointment needs to be canceled or rescheduled before the state of the st	only, and exclud celled by Wedn credit card the	es the weekends, so that a esday. full amount of the visit if it is
Please provide your credit card information so We accept Visa, MasterCard, and American Ex Note: This info will only be used to reserve the medical visit	xpress (please o	circle your choice).
Name on Card:		Zip Code:
Credit Card #	Exp:	Sec. Code
By signing below, you accept the terms of c	our cancellation	n/rescheduling policy.
Patient Signature:		
Parent/Guardian Signature (under 17 years of	age):	

Notice for Patients Traveling by Airplane/Train for an Appointment

If you are traveling to see us from out of town, we suggest waiting to purchase your plane/train ticket until 45 days prior to your appointment. At that time, just give us a call, reconfirm your appointment, and then purchase your ticket. While we do our best to avoid moving people, it is sometimes hard to prevent unexpected interruptions in our practitioner schedules. For this reason, if you are coming from out of town, please plan to stay in the area for a few days, to give us the greatest flexibility if something comes up, and also to bring you back for testing the following day if needed.