



Crescent Primary Care Physicians

where caring for your family comes first

2132 Deep Water Lane
Naperville, IL 60564 Suite 228
Phone: (630) 922-1400 Fax: (630) 904-7378

Appointment Cancellation Policy

As a result of not having any available appointments in our schedule and in order to best serve our patients, the following policy is necessary:

There will be a \$75 charge if you fail to cancel your scheduled appointment in advance. Your credit card will or you will be billed \$75 on the day of your visit if you fail to cancel your appointment prior to the scheduled time.

Payment in full is necessary prior to any treatments being rendered. The payment is non-refundable and non-transferable. In the event that you are unable to complete a pre-paid treatment regimen you could finish the treatment at a later date. (Up to one year from your last appointment).

By signing below I agree that I was informed of the office policy.

X _____

(Patient Name)

Date _____/_____/_____