REGISTERED DIETITIAN CT LICENSE NUMBER: 000222 NPI Number 1487770145

EMAIL: kehkraus@aol.com

1458 BEDFORD STREET STAMFORD, CT 06905 OFFICE: 203-324-4033 CELL: 203-912-9449

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## **CANCELLATION AND NO-SHOW POLICY**

I understand that unplanned issues can come up and you need to cancel an appointment. If that happens, I respectfully ask for scheduled appointments to be cancelled at least 24 hours in advance.

My goal is to provide quality nutritional care in a timely manner. The policy enables me to better utilize available appointments for my patients in need of nutritional care. Although I have always had a cancellation policy, circumstances have caused me to enforce a policy of charging for no-show appointments and those appointments not cancelled within 24 hours.

As of April 1, 2020, there will be a fee of \$ 50.00 assessed if I did not receive a call to cancel an appointment. Insurance companies do not pay for cancellation visits, so you would be personally responsible.

To cancel an appointment, please call between the hours of 8:00 am through 6:00 pm. If you cannot reach me directly, please leave your message on my answering machine.

I will not charge for cancellations due to inclement weather which makes it unsafe to travel.

nank you for being a valued patient	and for your understanding.	
I have read the above and understand	d the stated conditions.	
Signature of Patient	Date	