



Sheryl Leventhal, MD
Hudson Valley Functional Medicine
707A Executive Blvd
Valley Cottage NY 10989
(845)268-1655

HVFM Cancellation Policy Agreement

Today's Date: _____

To: hudsonvalleyfunctionalmedicine.org

Phone #: 845-268-1655

Fax #: 845-268-1656

We have created the following cancellation/rescheduling policy in order to protect the large blocks of valuable time Dr. Leventhal sets aside for each patient visit. We also wish to be fair to those patients on waiting lists for an earlier appointment. Please read the policy carefully, and sign the agreement below in order to confirm your appointment.

1. There is a **24 hour Cancellation or Rescheduling policy**. This policy includes business days only and excludes weekends, so that a Monday appointment must be cancelled by Friday.
2. The patient agrees to pay a **NON-REFUNDABLE \$50** deposit at the time the appointment is made. *This payment will be credited toward your initial visit.* If you cancel you must call the office to reschedule your appointment within four weeks of cancellation or your deposit will be **forfeited**.
3. If you would like to call the office with payment information please call us at the number above, otherwise please complete the credit card information below and return the agreement via fax or email. Please provide your credit card information so that we can schedule your appointment.



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4. If you are scheduling a follow up appointment with Dr. Leventhal please adhere to the 24 hour cancellation policy.

We accept Visa, MasterCard, Discover and American Express

Note: This information will only be used for this agreement. It will not be used for payment at the time of your visit.

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

By signing below, you accept the terms of our cancellation/rescheduling policy.

Patient Signature _____

Parent/Guardian Signature (under 17 years of age) _____

Your appointment is scheduled for: _____

PLEASE RE-FAX OR EMAIL THIS DOCUMENT BACK TO OUR OFFICE WITHIN 5 DAYS OF SCHEDULING YOUR APPOINTMENT. IF WE DO NOT RECEIVE THIS AGREEMENT WITHIN THAT TIME YOUR APPOINTMENT WILL AUTOMATICALLY BE CANCELLED.