



440 Rayford Rd. Ste 125
Spring, TX 77386
Phone: 281-419-5544
Fax: 281-298-3483

ATTENTION

NEW AND ESTABLISHED PATIENTS

A No Show Fee of \$25 will be charged directly to the patient/ guarantor, NOT to the patient's insurance, if a patient does not call within 24 hours or does not show at the scheduled appointment time. ALL NO SHOW FEES MUST BE PAID PRIOR TO THE NEXT APPOINTMENT IN ORDER TO BE SEEN. New Horizons Wellness Center reserves the right to terminate the doctor-patient relationship of established patients due to 3 consecutive no-shows.

Thank you for your understanding in this manner.

(Sign name here)

(Date)

(Print name here)