



10225 W. Higgins Rd ▪ Rosemont, IL 60018 ▪ (847) 825-2278
www.castwellness.com

24-hour Cancellation Policy

We require that, should you need to do so, you cancel your appointment at least 24-hours prior to its scheduled time. If cancellations are not made in a timely manner, you will be subject to a \$40.00 cancellation fee. While we recognize that emergencies do arise and will take that into consideration, please make every effort to make any changes ahead of time. It is important for our business that we have an opportunity to fill that spot.

C.A.S.T.'s longstanding policy of discharging patients with chronic cancellations remains in force.

Thank you for your understanding as we remain committed to maintaining high-quality care to all our patients.

I have read and understand C.A.S.T.'s cancellation policy.

Patient Name (printed)

Patient Signature

Date

Parent/Guardian Name (printed)

Patient/Guardian Signature

Date