

**Brainmending**  
Dr. Maya Shetreat-Klein, MD

**Cancellation Policy Agreement**

To: \_\_\_\_\_ Date: \_\_\_\_\_

Fax# \_\_\_\_\_  
From Dr. Maya Shetreat-Klein, MD

Dear Patient,

We have created the following cancellation and rescheduling policy in order to protect the large blocks of appointment time we allow for each patient visit. We also wish to be fair to those patients who are on the waiting list for earlier appointments. Please read the policy carefully so that there will be no misunderstanding, and sign the agreement below in order to confirm your appointment.

**\*There is a 48 hour cancellation or rescheduling policy. The 48 hours includes business days only, and excludes weekends, so that a Monday appointment needs to be cancelled by Thursday.**

**\*We reserve the right to charge your credit card the full amount of the visit if it is not cancelled or rescheduled within 48 hours.**

**\*Our fees are as follows:**

- 1. Initial visit: \$375**
- 2. 1<sup>st</sup> follow-up or subsequent complex follow-up: \$250**
- 3. Simple follow-up: \$180**

Please provide your credit card information so that we may schedule your appointment. Visa or Mastercard (Please circle)

Name on card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
Patient signature or Parent signature if patient under 17 years of age

Your appointment is scheduled for: \_\_\_\_\_ @ \_\_\_\_\_

**Please fax this document back to our office**

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www.brainmending.com