No-show and cancellation policy template for clinics

[Clinic name] no-show and cancellation policy

Policy version: [date]

This policy explains how to change your appointment and how we handle missed appointments. We show it before you book and pay. It does not affect your statutory rights.

Cancelling or moving an appointment

Please give at least **[notice period]** notice if you need to cancel or rearrange. Contact us using **[telephone number, email address or booking link]**. We measure notice from **[state when a message is received, how out-of-hours messages are handled and the clinic's time zone]**.

If you give the required notice, we will **[state the refund or transfer arrangement]**. Any applicable statutory cancellation rights take precedence over this policy.

Deposits and advance payments

Your booking deposit is **[amount or percentage]**. It is credited towards **[the booked service]** when you attend.

If you cancel with less notice, we may deduct a fair cancellation charge from the deposit or advance payment. The charge will reflect the loss directly caused by the cancellation, taking account of costs saved and whether we refill the appointment. We will not automatically retain the full payment simply because you cancelled late.

Our charge calculation is **[insert the reviewed calculation and any maximum charge]**. We will explain a deduction on request and refund any balance due through **[method and timeframe]**.

Missed appointments

An appointment is recorded as a no-show if you do not attend and have not contacted us. We may apply the fair charge described above. We will take account of any exceptional circumstances you tell us about.

After repeated missed appointments, we may discuss a different booking arrangement with you. Any proposed advance payment and its refund terms will be explained before you agree to a new booking.

Late arrivals

Please contact us if you are running late. The practitioner will decide whether the appointment can proceed in the time available. We will not shorten a treatment in a way the practitioner considers unsuitable.

If we need to rearrange, we will explain the options and whether the reviewed cancellation charge applies. We will not impose an additional charge that was not disclosed before booking.

Exceptional circumstances

If illness, bereavement or another unexpected event prevents attendance, contact **[person or team]** as soon as you can. We will consider the circumstances fairly and explain any refund, transfer or charge decision. Ask us about communication or access arrangements that would help you attend or contact us.

If we cancel or cannot provide the service

If the clinic cancels, you may choose a rearranged appointment or a refund of the payment for that booking. We will not require you to accept a credit instead of a refund.

If the practitioner decides the planned treatment cannot proceed, we will explain any consultation fee already agreed and how the remaining advance payment will be handled. Treatment eligibility is assessed by the practitioner and is not guaranteed by paying a deposit.

Questions or complaints

Contact **[email and telephone]** if you want a charge explained or reviewed. Our complaints process is **[link or contact]**.