Svetlana Libus, M.D.

Child, Adolescent and Adult Psychiatry
Board Certified
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DECLARATION OF AGREEMENT REGARDING MISSED OR CANCELED APPOINTMENT

I understand and agree to the following:

1. It is my responsibility to notify *Dr. Svetlana Libus, phone number: 310 372 0990*

48 hours prior to the scheduled appointment if I am unable to keep the scheduled appointment.

2. I agree that I will be billed the contracted rate of in the event that I miss an appointment or fail to cancel 48 hours prior to the scheduled appointment.

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Patient

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Practitioner