

Allergy and Asthma Specialists, Ltd.

APPOINTMENT CANCELLATION, LATE ARRIVAL AND/OR NO SHOW POLICY

We are always happy to be able to work with you and your health care needs and reserve a time in your provider's schedule just for you. However, in consideration of other patients who wish to be seen as soon as possible, we do request at least 24 hours notice prior to cancellation of your appointment to provide us with an opportunity to schedule those patients. A cancellation or no show fee of \$75.00 will apply if our office is not notified at least 24 hours in advance that you will be unable to make your appointment.

As a courtesy, we do call in advance to confirm appointments; however, we consider the patient responsible for remembering the date and time of the appointment.

Patients that are running late are asked to call the office as soon as possible to check with the staff if they will be able to keep their appointment.

Patients who are more than 15 minutes late for their appointment may need to be rescheduled to another day and time, in consideration of other patients and their scheduled appointment times.

We greatly appreciate your understanding of and cooperation with our office policies and assisting us with accommodating our patients' scheduling needs.

Please sign below that you have read and acknowledge the above information provided to you. If you would like a copy of any of your paperwork, please ask one of our team to make copies for you.

Patient Name _____ Date of Birth _____

Patient/Responsible Party signature _____

Date _____