

## **Cancellation Policy/ No Show Policy For Doctor Appointments and Surgery**

### **1. CANCELLATION/ NO SHOW POLICY**

We understand that there are times when you must miss an appointment due to emergencies. When a patient does not call to cancel an appointment and/or procedure, this patient may be preventing another themselves and other patients from getting much needed treatment.

**In order to accommodate your health needs please call at least 48 HOURS in advance of a confirmed appointment and/or procedure. If you do not call within 48 hours prior to the appointment you will be charged a FEE; this fee is NOT covered by your insurance company. FEE listed below by visit type:**

NEW PATIENT OFFICE VISIT \$125

ESTABLISHED PATIENT OFFICE VISIT \$50

PFT (Pulmonary Function Test) \$75

SLEEP STUDY \$200

BRONCHOSCOPY \$50

ALLERGY TEST \$50

By signing my name below, I acknowledge that I have read and understand the above information and policies. Any questions concerning these policies have been discussed and answered.

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Print Patient Name

Patient/Guardian Signature

Date