EAR NOSE & THROAT SPECIALTIES P.C.

Cancellation/No Show Policy

Patient Name:_____ **Date:**_____

Our goal is to provide our patients with high quality care in a timely manner. With a current increase in the number of patients who are not showing for their scheduled appointments, we have decided to implement a cancellation/no show policy. We understand that in certain situations, you must cancel your appointment. Please try to cancel at least 24 hours in advance. This allows us adequate time to fill your appointment slot with another patient who needs access to our physicians and staff.

Patients who do not show up for their appointment, without a call to cancel prior to the scheduled time, will be considered a **NO SHOW**. This will be documented in our system, and you will be charged a **$50** fee, to be paid in full, before being allowed to make another appointment. This will not be covered by your insurance.

Patients who do not show for their appointment(s) 2 or more times, will be considered for dismissal from the practice. This will be at the discretion of the provider, and dismissal will result in denial of any future treatment/appointments by our practice.

Please sign below indicating that you have read and understand the cancellation/no show policy, and agree to abide by the guidelines.

_____ _____

Signature of Patient or Responsible Party **Relationship to Patient**

Procedure Consent

Our office is a specialty clinic, and to provide the highest level of care we often have to perform procedures that are not included in the regular office visit. These types of procedures are often beyond what you would encounter in a primary care office or walk-in clinic setting. To provide this advanced type of care there are often **charges in addition** to a copay or typical office visit charge. In most cases these interventions are approved by your insurance company and we will obtain prior approval when needed. Also note that some insurance companies may list diagnostic procedures as "surgery" on the insurance remittance you receive. Please review the laminated sheet provided for in-depth examples of what types of procedures could be performed during your visit and any follow up appointments that you might encounter.

The types of procedures that you may receive include, but are not limited to:

- Diagnostic nasal and sinus endoscopy
- Flexible laryngeal endoscopy
- CT sinus or temporal bone imaging
- Ultrasound imaging
- Otomicroscopy (ear examination under the microscope) includes wax removal
- Tissue Biopsy

By signing below, you recognize that you may be charged for any procedures that are performed during your initial visit and any following appointments for the next calendar year.

_____ _____

Signature of Patient or Responsible Party **Relationship to Patient**