



## **Appointment Cancellation Policy**

Clarity ENT has an Appointment Cancellation Policy. A cancellation made with less than a 24 hour notice significantly limits our ability to make the appointment available for another patient in need. We have instituted the following policy:

1. Please provide our office 24 hours notice in the event that you need to cancel or reschedule your appointment. This will allow us the opportunity to provide care to another patient. A voicemail message can always be left to avoid a cancellation fee being charged.
2. A “No-Show”, “No-Call” or missed appointment, without proper 24-hour notification, will be assessed a \$75.00 fee. Kindly notify us of your cancellation even if less than 24 hours notice.
3. This fee is not billable to your insurance.
4. If you are more than 20 minutes late for your appointment, the appointment may be cancelled and rescheduled and you will be charged the \$75.00 no-show fee.
5. As a courtesy, we call, text and email reminders for appointments beginning five (5) days before your scheduled appointment. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.
6. Repeated missed appointments may result in termination of the physician patient relationship.

If you have any questions regarding this policy, please let our staff know and we will be happy to clarify any questions you have. A copy of this policy will be provided to you.

By signing below, I acknowledge that I have read and understand the policies outlined in this document. I understand that these policies are subject to change, and that such changes may occur without prior notice.

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Patient/Agent/Guardian's Signature