



# ADVANCED ASTHMA & ALLERGY OF NNY

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## APPOINTMENT CANCELLATIONS, RESCHEDULES & NO-SHOW POLICIES

NEW OFFICE POLICY EFFECTIVE OCTOBER 30, 2012

Please read and initial next to each of the policies below, sign and date the bottom.

- \_\_\_\_\_ **Patient has the right to reschedule an appointment, free of charge (one time)**, by calling our office at least 24 hours before the appointment. If the patient has to reschedule the same appointment again he/she will be charged a \$30.00 rescheduling fee. The fee is due at the time of rescheduling the appointment.
  
- \_\_\_\_\_ In the event an appointment is missed (No-Show) or canceled with less than 24 hour notice, a \$30.00 fee will be billed to the patient's account.
  
- \_\_\_\_\_ **Three (3)** consecutive rescheduled/canceled appointment within a 12 month period will result in a patient being discharged from the practice.

**ALL RESCHEDULING FEES WILL BE CHARGED DIRECTLY TO THE PATIENT'S PERSONAL ACCOUNT, AS INSURANCE COMPANIES DO NOT COVER THESE FEES.**

**IF THE OFFICE IS CLOSED, PLEASE LEAVE THE MESSAGE WITH THE ANSWERING SERVICE TO CANCEL OR RESCHEDULE YOUR APPOINTMENT.**

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (if patient is a minor)