Associated Allergists & Asthma Specialists, Ltd.



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To All Patients:

Date Signed

As we are all aware, time is a valuable commodity. All appointments are made ahead of time and except in the case of emergencies, the doctors strive to see patients at the allotted time scheduled.

Unfortunately, some patients schedule an appointment but do not show up, they may cancel without giving a 24 hour notice, or they may be 30 minutes late for their appointment. When one of these occurrences happens, it impacts not only the medical practice, but also the other patients who have their scheduled appointments.

Please note the following policies	s:
 All cancellations must be made emergency occurs, we reque immediately. We do not acce 	de with at least a 24 hour notice. If an st that a call be made to our office ept cancellations left with the answering
serviceInitials	s
	heir scheduled appointment may receive a
No Show FeeInitia	į į
	d to the credit card we have on file
according to the following: _	Initials
4. No Show Fees:	·]],
Allergy Shots 25.00	Init als
New Patient 100.00	Initials
Food Challenges 100.00	Initials
Skin Tests 100.00	Initials
Office Visit/Telehealth 75.00	Initials
We strive at Associated Allergists	s & Asthma Specialists to
provide the best care possible; the	· 1 · · · · 1 · · · · · · · · · ·
immediately. This policy is In effe	# f 1
signing below.	1
The Physicians at Associated Alle	rgists & Asthma Specialists
	b
Print Patient Name	Patient Signature
	D day posses

Account Number