



APPOINTMENT POLICY

I understand that this is the appointment policy for the office of Kern Allergy Medical Clinic.

- I will be charged:**
- \$30 fee for any missed No-Show appointments
 - \$50 fee for any missed procedure appointment (Testing or Pulmonary Function Test)

To avoid a fee; appointments need to be cancelled within **24 hours** of my scheduled time. If I have two appointments scheduled on the same day I am subject to a \$30 fee and a \$50 fee for both appointments for a total of \$80.00. We do understand emergencies, illness, etc. If you are not able to call the office that day please call us as soon as you are able to.

The fee is due before your next scheduled appointment. If you have two No-Show fees totaling \$60max it must be paid before another appointment can be scheduled.

I am aware I can leave a detailed message on our after-hours answering service if I am not able to keep my appointment. Please make sure to leave patients name, D.O.B, appointment time, and reason for your cancellation. Our Receptionist will check messages each business day. Failure of not leaving a message will result in a No-Show fee. Otherwise, we assume the appointment will be kept with your physician.

Keep in mind it is a courtesy call to remind you of your appointment. It is ultimately your responsibility to write down and keep track of your appointments.

These fees are your responsibility and not payable by your insurance company. Also patients that have multiple no shows and cancellations may be dismissed from the practice.

Print Patient/Guardian Name

Patient/Guardian Signature

Date