

At Eastern Shore ENT & Allergy Associates, our goal is to provide quality treatment and care in a timely manner to all of our patients. We have implemented a cancellation and “no show” policy, which enables us to better utilize available appointments for our patients in need of care. The following policy is with regard to patients who fail to keep their scheduled appointments, testing or procedures and surgery appointments. This policy is effective immediately.

Please be courteous and call our office promptly if you are unable to attend an appointment. You can cancel or reschedule appointments by the following methods: Call our office at (410) 742-1567 x 124, or use the office patient portal (the quickest method).

Office appointments:

Patients who fail to show up for their scheduled office appointment or do not notify the office within 24 business hours of their scheduled appointment shall be subject to a “No Show/Cancellation” fee of \$100.00.

Surgeries:

Patients who fail to show up for their scheduled surgery (including in-office procedures) or do not notify the office within five business days shall be subject to a “No Show/Cancellation” fee of \$250.00. You can reach our surgery department directly by calling (410) 742-1567 x 116 or (410) 677-0745.

In-house testing:

Patients who fail to show up for their scheduled testing or do not notify the office within the allotted time period will be subject to a “No Show/Cancellation” fee of \$150.00.

VNG test—please notify us five business days prior to testing. The direct number is (410) 742-1567 x 113.

Allergy test—please notify us five business days prior to testing. The direct number is (410) 742-1643.

In the event of an actual emergency when prior notice could not be given, consideration will be given, and a one-time exception may be granted.

“No Show/Cancellation” fees are NOT covered by insurance and, therefore, the sole responsibility of the patient.

I have read, acknowledge and agree to all of the above policies.

Patient Name or Guardian (Print)

Date

Signature