



Appointment Cancellation and No Show Policy

Ohio ENT & Allergy Physicians- Sleep Division is privileged to provide medical and surgical treatment to our patients. We work diligently to maintain a high level of personalized service and strive to accommodate patient needs for office visits in a timely manner. This requires careful planning and coordination among many individuals in our office.

We understand that emergencies arise from time to time for you, our patient, just as they do for us. However when a patient cancels an appointment without adequate notice or fails to keep an appointment we cannot use that time to service the needs of other patients. We respectfully request your understanding and agreement to our policy as it is stated below.

New Patients

We will give you a reminder call 48 hours in advance of your scheduled appointment. Any new patients who fails to keep an appointment or who cancels or reschedules an appointment less than 24 hours prior to the appointment will be required to pay a fee of \$35.00 in order to schedule a new office visit. For Monday appointments cancellations must be made by noon on the proceeding Friday. This fee must be paid prior to your next appointment.

Established Patients

Any established patient who fails to keep an appointment or who cancels or reschedules an appointment less than 24 hours in advance will be charged a fee of \$20.00 per occurrence. For Monday appointments cancellations must be made by noon on the proceeding Friday.

If an established patient fails to keep three appointments, or fails to give adequate notice on three occasions, the practice has the right to dismiss that patient.

Fees

All fees charges by Ohio ENT & Allergy Physicians- Sleep Division pursuant to this policy are not payable by your insurance company.

All fees are payable on or before your next visit or within 30 days of receipt of a billing statement for the fee, whichever is earlier.

Your physician may waive your fee for good cause. To request your fee be waived you must email a written explanation to: nsappeal@ohpin.com Please enter your physician's name in the subject line of the email. If you do not have email access you may write a letter to N/S appears, 1810 Mackenzie Dr, #2, Columbus OH 43220.

Patient Signature

Date