Dr. Kuthiala Allergy & Asthma

APPOINTMENT CANCELLATION POLICY

IN ORDER TO CONTROL THE ONGOING EXPENSE AND INCONVEIENCE OF THE INCREASING NUMBER OF NO SHOW APPOINTMENTS AND SHORT NOTICE CANCELLATION, PLEASE BE AWARE THAT WE WILL EXPECT YOU TO ABIDE BY THE FOLLOWING POLICY FOR THE APPOINTMENT YOU WILL BE MAKING. WE WILL REQUIRE A MINIMUM OF 24 HOURS NOTICE (WEEKENDS NOT INCLUDED) IF YOU CANNOT KEEP YOUR APPOINTMENT.

IF YOU DO NOT GIVE ADEQUATE NOTICE, OR FAIL TO KEEP

YOUR APPOINTMENT THE FOLLOWING WILL APPLY:

1. THE **FIRST TIME** YOUR ACCOUNT WILL BE CHARGED **$10.00.** WHICH MUST BE PAID BEFORE YOUR NEXT APPOINTMENT.
2. THE **SECOND TIME** YOUR ACCOUNT WILL BE CHARGED **$20.00**. WHICH MUST BE PAID BEFORE YOUR NEXT APPOINTMENT.
3. THE **THIRD TIME** YOUR ACCOUNT WILL BE CHARGED **$30.00**. WHICH MUST BE PAID BEFORE YOUR NEXT APPOINTMENT.
4. THE **FOURTH TIME WE WILL CONSIDER YOU FOR DISMISSAL** FROM THE PRACTICE.

I HAVE READ THIS POLICY AND AGREE TO ABIDE BY IT.

PRINT NAME: _____

SIGN: _____ DATE: _____