

MEDICAL APPOINTMENT CANCELLATION/NO-SHOW POLICY

When you schedule an appointment with Dr. Renard / Redding Allergy & Asthma Care, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment, or those who are ill. Below is our cancellation/no-show policy.

- Effective May 23, 2018, any established patient who fails to show or cancels / reschedules an appointment and has not contacted our office with **at least 24-hour notice** will be considered a no-show and charged a **\$25.00 No-Show fee**.
- Any established patient who fails to show or cancels/reschedules an appointment without a 24-hour notice a second time will be charged a **\$50.00 No-Show fee**.
- If a **third No-Show** or cancellation/reschedule without a 24-hour notice should occur, the patient may be **discharged** from Dr. Renard's / Redding Allergy & Asthma Care's practice.
- Any new patient who fails to show for their initial visit will not be rescheduled.
- Fees are charged to the patient, and will be collected at the time of your next visit.
- **As a courtesy**, our staff will call you and leave a message. If you do not receive a message, the above policy will remain in effect. **Tips:** 1) Use your "smartphone" calendar and alarms to alert you to your appointment. 2) Make sure that your "message box" is not full so that we are able to leave you a message.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our Office Manager, who may be able to waive the No-Show fee. You may contact our office 24 hours a day, 7 days a week at the number below. Should it be after regular business hours Monday through Friday or a weekend, you may leave a message.

Dr. Renard / Redding Allergy & Asthma Care 530-226-5325

I have read and understand the Medical Appointment Cancellation/No-Show Policy and agree to its terms.

Signature _____

(Patient / Parent / Legal Guardian)

Print Name _____

Relationship _____

Date _____