



# Otolaryngology

LANCE R. MEYERSON, M.D., F.A.C.S.

## **24 Hour Cancellation & “No Show” Fee Policy**

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, our office reserves the right to charge a fee of \$40.00 for all missed appointments (“no shows”), or appointments cancelled without 24 hour advanced notice.

**It is every patient’s responsibility to remember their scheduled appointments.** Patients will receive a printout of their appointments after they are scheduled. Reminder calls are an office courtesy and should not be solely relied on.

“No Show” fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment. Multiple “no shows” in any 12 month period may result in termination from our practice.

## **48 Hour Cancellation Policy for Surgery and Office Procedures**

In order for us to maintain our efficiency in the Office, the Operating Room, as well as giving full consideration to the hospital and anesthesia staff, it is necessary for us to implement a cancellation policy. It is important that when you schedule your surgery/procedure you have thoroughly checked your personal calendar to make sure that your scheduled date is ideal for you. Cancelling or rescheduling your surgery/procedure requires multiple phone calls to the hospital or outpatient facility, insurance company, and patient.

If you need to cancel your surgery we ask that you do so in a timely manner.

**Cancellations less than 48 hours before surgery will be charged a \$250 fee.**

This fee will not be applied toward your surgery/procedure and will be added as a charge to your account, not billable to insurance. This fee must be paid prior to surgery/procedure being rescheduled.

**If you do not show up for a scheduled surgery/procedure you will be charged a \$250 fee.**

We thank you in advance for your co-operation and understanding of the surgical scheduling process.

**By signing below, you acknowledge that you have received this notice and understand this policy.**

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Print Name

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Sign and Date