

# Allergy & Asthma

## DIAGNOSTIC OFFICE

Juan L. Sotomayor, M.D. • Ellen B. Schaeffer, M.D. • Jill Agne, FNP • Katie Klee, FNP • Summer Goetz, FNP

### FIDELIS APPOINTMENT POLICY NOTICE OF NO SHOW AND CANCELLATION POLICY

As a patient at the Allergy and Asthma Diagnostic Office, I understand, acknowledge and agree to the following policies:

New Patient Appointments and Follow-up appointments:

- Our office will contact you two (2) weeks prior to your appointment. You must contact our office to confirm this appointment within two (2) days. If we do not receive confirmation either through our website, email or via telephone, *the appointment will be automatically canceled.*

Office: 315.701.9500 Email: [patients@allergyaway.com](mailto:patients@allergyaway.com) Website: [www.allergyaway.com](http://www.allergyaway.com)

- Please note there is a separate policy & procedure for testing appointments which will be discussed with you on your first visit to our office.
- A fee (listed below) not covered by your insurance company will be added to your account should you fail to show for your appointment or fail to give 24 hours notice. For non-acute visits, this fee must be paid before any future appointments will be scheduled.

There will be a **\$150.00 "no show" fee** for CONSULTATION APPOINTMENTS, **\$75.00 "no show" fee** for TESTING APPOINTMENTS, a **\$10.00 "no show" fee** for IT appointments and **\$40.00 "no show" fee** for all other appointments. *These fees are considered Non-Covered services by all insurance carriers and are due and payable by you.*

Due to a high patient demand for appointments, and limited availability, non-emergent cancellations on the same day will result in a fee. Please help us serve you better by keeping scheduled appointments. Please understand that it is your responsibility to know when your appointment is.

Multiple No-Show or canceled appointments with less than 24 hour's notice, may lead to dismissal from the practice.

We thank you for your understanding.

I have read and understand the policy the Allergy & Asthma Diagnostic Office has regarding confirming appointments, no-shows and cancellations.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Date

REV: 02-2021