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NO SHOW/MISSED APPOINTMENT POLICY

We at Valley Allergy and Asthma Clinic understand that sometimes you need to cancel or reschedule your appointment and there are emergencies. If you are unable to keep your appointment, please call us as soon as possible (with at least 2 business days' notice for first visits and follow-up appointments and at least 5 business days' notice for procedure/testing appointments). You can cancel appointments by calling (907)745-4488 and speaking with our staff. To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

PLEASE REVIEW THE FOLLOWING POLICY:

- 1) Please cancel your first visit and/or follow-up appointment with at least 2 business days' notice and procedure/testing appointments with at least 5 business days' notice. There is a waiting list to see the providers at Valley Allergy and Asthma Clinic. Whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
- 2) If less than a 2- or 5-business day cancellation is given, this will be documented as a "No-Show" appointment.
- 3) If you do not present to the office for your appointment, this will be documented as a "No-Show" appointment.
- 4) After a "No-Show/Missed" appointment, you will be assessed a \$50.00 rebooking fee for first visits and follow-ups and \$75.00 rebooking fee for procedures/testing appointments.
- 5) If Medicaid applies to the patient, after a "No-Show/Missed" appointment, Valley Allergy and Asthma Clinic has a legal obligation to report the no-show appointment to the State of Alaska Department of Health and Social Services.

I have read and understand Valley Allergy and Asthma Clinic's No-Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Valley Allergy and Asthma Clinic appropriately if I have difficulty keeping my scheduled appointments.

Patient Signature or Parent/Guardian Signature if Minor

Date

Patient Printed Name