



## AACOD COMMON COURTESY- NO SHOW/NO NOTICE POLICY

Thank you for trusting your medical care to Allergy and Asthma Center of Duncanville. When you schedule an appointment with Allergy and Asthma Center of Duncanville, 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. Please see our Appointment Cancellation/No Show Policy below:

- **Effective 06/01/2023 any patient who fails to show or cancel/reschedule LESS THAN 24 hours prior to their appointment, MAY be charged a \$25 fee.**
- Any patient who fails to show or cancel/reschedule an appointment without 24 hours notice a **second time** may be charged a **\$50.00 fee**.
- In the case of multiple no-shows, we may limit ability for future work-in visits or be subjected to dismissal from Allergy & Asthma Center of Duncanville.
- The fee is charged to the patient, not the insurance company, and may be **due at the time of the patient's next office visit or set up payment plan**.
- In the event the patient arrives 30 minutes late to their appointment, and cannot be seen by the provider on the same day, they will be rescheduled for a future clinic visit, when available. Late arrival appointments may result in delays in being seen and inability to see preferred provider. Please do your best to be on-time or early to your appointments.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. You may always leave a message if after hours, or message us on our telemedicine app - Spruce.

Should it be after regular office hours you can request an appointment change or cancellation through the website: [www.aaacod.com](http://www.aaacod.com). OR request a link by sending the text "TELEMED" to 1 (844) 941-4318. This link will help you request a cancellation/s.

This policy will not carried out in a manner that would violate the rules set forth by the third party payor contracts with Allergy and Asthma Center of Duncanville.

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

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Signature (Parent/Legal Guardian)

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Relationship to Patient

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Printed Name

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Date