



12113 E Maple Springs Way
Palmer, Alaska 99645
P 907.745.4488
F 907.745.4487
www.matsuallergy.com

Patient Printed Name

APPOINTMENT CANCELLATION POLICY

Valley Allergy and Asthma Clinic has an appointment cancellation policy in place to provide the best schedule availability to all patients in need. Inadequate notice for appointment changes negatively impacts our ability to provide the best care possible.

PLEASE REVIEW & INITIAL THE FOLLOWING POLICY:

- _____ 1) We require all requests to reschedule an appointment be made 2 business days in advance.
- _____ 2) Any appointment requests made with less than 2 business days' notice will result in a mandatory \$50.00 rescheduling fee.
- _____ 3) Rescheduling fees are due before a replacement appointment can be made.
- _____ 4) Rescheduling fees will not be billed to insurance and are the sole responsibility of the patient.
- _____ 5) If 2 or more appointments are rescheduled with less than 2 business days' notice, a letter of termination will be sent to the patient's address on file.
- _____ 6) If Medicaid applies to the patient, Valley Allergy and Asthma Clinic has a legal obligation to report the late cancellation appointment to the State of Alaska Department of Health and Social Services.
- _____ 7) Valley Allergy and Asthma Clinic's staff understand extraordinary circumstances occur (hospitalizations, deaths, etc). If you have provided the office with less than 2 business days of notice for a cancellation and feel you are exempt from termination or a rescheduling fee, you may provide your situation IN WRITING (we will not accept verbal requests). Exemption requests will be reviewed within 30 days of submission, and no appointments are permitted during this time unless the fee is paid in full.

I have read and understand Valley Allergy and Asthma Clinic's Appointment Cancellation Policy and understand my responsibility to plan appointments accordingly and amply notify Valley Allergy and Asthma Clinic if I need to reschedule.

Patient Signature or Parent/Guardian Signature if Minor

Date