

LAKE GROVE ENT, P.C.

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ALLERGY SKIN TESTING

No-Show Policy

We appreciate the opportunity to provide you with an appointment for allergy skin testing.
You are scheduled for allergy testing on;

_____ at _____.

There will be a \$50.00 no-show / late-cancellation fee.

All appointments must be cancelled by 3pm the day before the scheduled appointment to avoid charges for a no-show or late-cancellation. Insurance will not cover charges for no-show / late-cancellation.

I, _____ understand I will be charged a \$50.00 fee if I no-show or cancel my appointment later than 3pm the day before my scheduled appointment.

PATIENT OR GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE