



HINSDALE

ASTHMA AND ALLERGY CENTER

105 E 1st Street Suite 203 Hinsdale IL 60521

Tel. 630-323-5522

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No Show/Late Cancellation Policy

At Hinsdale Asthma and Allergy Center, we spend between 1 to 2 hours preparing for your office visit before you arrive. As a courtesy, we check your insurance benefits in detail prior to your appointment so you will know what you will owe after the claims have been processed through insurance. This can take quite a bit of time and preparation, as calling insurance companies is not a fast process. Due to this preparation and our appointment slots becoming more and more desirable, we have implemented collecting no-show fees and late cancellation fees. A late cancellation is any appointment that has been canceled less than 24 business hours prior to the appointment. This will be billed to your account. If a new patient who has no -showed an appointment or had a late cancellation would like to reschedule, a credit card on file will be required to schedule a new appointment. If that appointment is also missed or canceled with less than 24-hour notice, the credit card will be immediately charged the no show fee.

We hope you can understand that our appointment slots are very valuable, and we determine how many staff members we need in the clinic that day based on our patient load. No shows are an inconvenience to patients who need access to medical care in a timely manner. If patients cancel at the last minute, we also still maintain all of our overhead costs.

The charge for a missed or no-show appointment (less than 24-hour notice) is \$50 - \$250 based on the complexity of the appointment scheduled and will be charged to the patient's accounts. We provide confirmation calls and/or texts as a courtesy, but it is ultimately your responsibility to attend your appointment. New patients will need to provide us with credit card information at the time of rescheduling their appointment. Our missed appointment fees are determined by what kind of appointment you scheduled:

NO SHOW FEES

New Patient Office Visit, Testing - \$250

Follow up with Testing - \$200

New Patient Office Visit, Consult Only \$150

Oral Challenge \$150

Follow up with Spirometry- \$100

Follow up or annual- \$50

By signing below, you are acknowledging and agreeing to our no show/ late cancellation policy:

Printed name_____

Signature of patient/guardian_____

Date_____