**SUNSHINE ALLERGY**

## **33920 US Highway 19 North, Suite 341, Palm Harbor, Florida 34684**

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**Website:** [**www.sunshine**](http://www.sunshine)**allergy.com**

**CANCELLATION/NO-SHOW POLICY**

**EFFECTIVE JUNE 1, 2015**

**Our goal in this practice is to provide you and your fellow patients with the highest quality of health care in a timely manner. Due to the number of “no-show” patients, our practice has implemented the appointment/cancellation policy below if you miss your appointment. This policy enables us to better utilize available appointments for our patients in need of medical care.**

**IF YOU FAIL TO CANCEL YOUR OFFICE APPOINTMENT AT LEAST 24 HOURS AHEAD OR FAIL TO SHOW UP FOR YOUR SCHEDULED APPOINTMENT, YOU WILL BE CHARGED A “NO-SHOW” FEE IN THE AMOUNT OF $50.00, WHICH WILL BE BILLED TO YOUR ACCOUNT. THIS IS NON-COVERED BY YOUR INSURANCE COMPANY, AND YOU WILL HAVE COMPLETE FINANCIAL RESPONSIBILITY FOR THIS FEE.**

**Please don’t be a “no-show”. Help us provide you with the care you deserve. We appreciate your understanding and cooperation in this matter.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to call at least 24 hours before my appointment date to cancel or reschedule my appointment. I understand that non-compliance of this agreement will result in a $50 fee.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**