

# Appointment Cancellation Policy Agreement:

Asthma & Allergy Physicians of RI are committed to providing all of our patients with exceptional care. When a patient cancels without giving enough notice, or fails to come for their appointment, they prevent another patient from being seen.

**Please call us at (401) 751-1235 by 12:00 p.m. (noon) on the day prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 12:00 p.m. on Friday.**

If prior notification is not given, and you do not come for your appointment, your credit card will be charged 125.00 for the missed appointment.

Please sign below to consent to these terms.

\_\_\_\_\_

Patient Signature (Parent/Guardian if under 18)

Date: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_