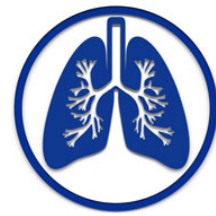


Peter N. Schochet, MD
Hauw S. Lie, MD

Board Certified Pediatric Pulmonologists



CANCELLATION AND NO SHOW POLICY

We understand that situations may arise which makes it necessary to cancel your appointment. Accordingly, we request that you provide at least **24-hour notice of cancellation**. This will enable the physicians to offer that time slot to other patients who need to be seen. Appointments with our specialists are in high demand, and your early cancellation will give another person access to timely medical care.

Cancellation Fee

Office appointments, which are cancelled with less than a 24-hour notification, may be subject to a **\$25.00 cancellation fee**.

No Show Fee

Patients who do not show up for their appointment and who do not call to cancel or reschedule, will be considered a No Show. No Shows are also subject to a **\$25.00 No Show fee**.

Patients who do not show, No Show, for two or more appointments in a 12-month period may be dismissed from the practice.

The Cancellation and No Show fees are the sole responsibility of the guarantor and cannot be billed to the insurance company.

Please sign that you have read and are aware of the above **Cancellation and No Show Policy**.

PATIENT NAME (Please print): _____

Parent or guardian name (for minor patient): _____

Parent or guardian signature (for minor patient): _____

Date: _____