5020 Ritter Road, Suite 106
Mechanicsburg, PA 17055

Duncan Nulph
HEARING ASSOCIATES, PC

www.dnhearing.com
717.766.1500

Cancellation and No Show Policy

Patient Name: _____ **Date of Birth:** _____

We strive to meet and exceed the expectations of our patients and we are dedicated to providing excellent hearing healthcare to our patients.

Because we have had an increase in the number of patients who do not show for a scheduled appointment, we have decided to administer a cancellation and no show policy for scheduled appointments.

"No Show" shall mean any patient who fails to arrive for a scheduled appointment. **"Same Day Cancellation"** shall mean any patient who cancels an appointment less than 24 hours prior to their scheduled appointment.

Patients who **"No Show"** or **"Same Day Cancel"** are subject to a **$50 fee for hearing tests and a $25 fee for all other.**

We understand that situations arise in which you must cancel your appointment. If it is necessary to cancel an appointment, patients are asked to call or leave a message at least 24 hours prior to their appointment time.

This policy will enable our office to better utilize available appointments for our patients in need of prompt hearing healthcare.

I have read and understand this Cancellation and No Show Policy.

Patient or Representative Signature: _____ **Date:** _____

Name of Representative & Relationship to Patient _____
(parent, guardian, POA, etc.)