

**ALLERGY AND ASTHMA ASSOCIATES OF PITTSBURGH**  
*Adult and Pediatric Allergy, Asthma, and Clinical Immunology*

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To Our Valued Patients:

We strive to provide excellent medical care to you and to all our patients. Consistent with this, we have developed appointment cancellation and no-show policies that allow us to better schedule appointments for all patients. When an appointment is scheduled, that time has been specifically reserved for you and when it is missed that time cannot be used to treat another patient in need of care. We sincerely appreciate your assistance and cooperation as this allows for a smooth office flow and more efficiently uses your time.

**Our Cancellation and No-Show Policy is as follows:**

We request that you please give our office at least 24-hour notice if you need to reschedule your appointment. If you do not provide us with a 24-hour notice, or if you do not show up for a scheduled appointment, you may be charged a rescheduling deposit to reschedule your visit.

(\$25 for follow up visits or \$50 for New, Skin Testing or Summary Appointments).

**Our Late Arrival Policy is as follows:**

If a patient is more than 15 minutes late to their appointment, the appointment may be canceled and need to be rescheduled. Patients arriving late may also be asked to wait to be seen until the provider has an opening in their schedule.

If you have any questions regarding these policies, please let our staff know and we will be glad to speak with you in more detail.

I have read and understand the Allergy and Asthma Associates of Pittsburgh Cancellation and No-Show Policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_