

# All Patients please note:

Payment is due at the time of service, including co-pays & payment portions (i.e. deductibles, payment plans, & previous balances).

- ***OFFICE VISITS REQUIRE A 24 HOUR CANCELLATION NOTICE.***
- ***PATIENTS WILL BE CHARGED A \$25 FEE FOR NOT GIVING NOTICE***
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- ***TESTS REQUIRE A 48 HOUR CANCELLATION NOTICE.***
- ***PATIENTS WILL BE CHARGED A \$75 FEE FOR NOT GIVING NOTICE***
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- ***SURGERY CANCELLATIONS REQUIRE A 3 DAY NOTICE. PATIENTS WILL BE CHARGED \$250 FOR NOT GIVING PROPER NOTICE.***

**ALPINE EAR, NOSE AND THROAT, PC**