

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 \$50 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 _____