

**ASSOCIATED ALLERGISTS & ASTHMA SPECIALISTS, LTD**  
1849 Green Bay Rd. Suite 220, Highland Park, IL 60035  
27790 W. Highway 22 Suite 28, Barrington, IL 60010

To All Patients:

As we are all aware, time is a valuable commodity. All appointments are made ahead of time and except in the case of emergencies, the doctors strive to see patients at the allotted time scheduled.

Unfortunately, some patients schedule an appointment but do not show up, they may cancel without giving a 24 hour notice, or they may be 30 minutes late for their appointment. When one of these occurrences happens, it impacts not only the medical practice, but also the other patients who have their scheduled appointments.

Please note the following policies:

1. All cancellations must be made with at least a 24 hour notice. If an emergency occurs, we request that a call be made to our office immediately. We do not accept cancellations left with the answering service. \_\_\_\_\_ Initials
2. Any patient arriving late for their scheduled appointment may receive a No Show Fee. \_\_\_\_\_ Initials
3. A No Show Fee will be applied to the credit card we have on file according to the following: \_\_\_\_\_ Initials
4. No Show Fees:
  - Allergy Shots 25.00 \_\_\_\_\_ Initials
  - New Patient 100.00 \_\_\_\_\_ Initials
  - Food Challenges 100.00 \_\_\_\_\_ Initials
  - Skin Tests 100.00 \_\_\_\_\_ Initials
  - Office Visit/Telehealth 75.00 \_\_\_\_\_ Initials

We strive at Associated Allergists & Asthma Specialists to provide the best care possible; these measures will be taken immediately. This policy is in effect for all patients regardless of signing below.

The Physicians at Associated Allergists & Asthma Specialists

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Account Number