



Jeffrey S. Zapalac, M.D., F.A.C.S.
Daniel J. Ratcliff, M.D., F.A.C.S.
Lauren Opperman, Au.D., CCC-A
Rebecca L. Dixon, Au.D., CCC-A
Brook V. Johnson, M.A., CCC-A

NOTIFICATION OF NO-SHOW POLICY

Austin ENT strives to accommodate our patients when scheduling their appointments. Appointments are scheduled to allow our day to flow efficiently for each patient and family and to accommodate new protocol standards since the pandemic. ***We request our patients give us at least a 24-hour notice of cancellation or to reschedule.***

Should you fail to come to an appointment and give proper notice, your visit will be counted as a "NO SHOW". No shows are costly to the practice and prevent other patients from utilizing appointment times.

- A \$50 No Show fee will be charged to your account (not the insurance company) in the event you fail to properly notify our office that you will not be able to make your appointment.
- After two (2) no show visits, you may receive a warning letter.
- After three (3) no show visits, our office reserves the right to decline to reschedule the patient. At this point, we will give you names of alternate providers where you may establish care and will forward your records to the provider of your choice.

Please be aware that as a courtesy Austin ENT sends out text/phone patient reminders. If you do not receive a reminder, this policy remains in effect regardless.

Also be aware that any no-show appointments occurring prior to the signature of this document may count towards your limit.

Messages can be left over the weekend with our answering service.

I, the undersigned, understand and agree to the policy set forth above.

Signature of patient/guardian: _____

Patient Name (Printed) _____ Date: _____

Wyoming Springs Medical Center
7200 Wyoming Springs Dr., Ste. 1400
Round Rock, Texas 78681
Tel: 512.458.6391
Fax: 512.580.0097
www.austinentassociates.com