



PEDIATRIC AND ADULT EAR, NOSE & THROAT

**APPOINTMENT CANCELLATION / NO SHOW POLICY FOR OHIO ENT**

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**LOCATIONS**

555 S. 18<sup>th</sup> St. Suite 6B  
Columbus, OH 43205  
(614) 221-6789

974 Bethel Road Suite A  
Columbus, OH 43214  
(614) 538-2424

4300 Clime Road Ste 100  
Columbus, OH 43228  
(614) 275-4300

477 Cooper Rd. Suite 480  
Westerville, OH 43081  
(614) 882-5647

6499 E. Broad St. Ste A  
Columbus, OH 43213  
(614) 755-5151

444 N. Cleveland Ave. Ste 200  
Westerville, OH 43082  
(740) 368-5588

551 W. Central Ave. Ste 202  
Delaware, OH 43015  
(740) 368-5588

**BILLING OFFICE**

1810 Mackenzie Drive  
Columbus, OH 43220  
(614) 273-2250

Ohio ENT is privileged to provide medical and surgical treatment for our patients. We work diligently to maintain our high level of personalized service and strive to accommodate our patients' needs for office visits in a timely manner. This requires careful planning and coordination among many individuals in our office.

We understand that emergencies arise from time to time for our patients, just as they do for us. However, when a patient cancels an appointment without adequate notice, or simply fails to keep an appointment, we cannot use that time to serve the needs of our other patients. Therefore, we have developed this policy regarding failure to keep appointments or cancelling appointments without adequate notice. We respectfully request your understanding and agreement to our policy as it is stated below.

**NEW PATIENTS**

We will give you a reminder call 48 hours in advance of your scheduled appointment. Any new patient who fails to keep an appointment or who cancels or reschedules an appointment less than 24 hours prior to their appointment will be required to pay a fee of \$35.00 in order to schedule a new office visit. For Monday appointments, cancellations must be made by noon on the preceding Friday. This fee will have to be paid prior to your next appointment.

**ESTABLISHED PATIENTS** (Patients who have previously seen a physician in our practice)

Any established patient who fails to keep an appointment or who cancels or reschedules an appointment less than 24 hours in advance of their appointment will be charged a fee of \$20.00 per occurrence. For Monday appointments, cancellations must be made by noon on the preceding Friday.

If an established patient fails to keep three appointments, or fails to give adequate notice on three occasions, the practice will have the right to dismiss that patient.

**FEES**

All fees charged by Ohio ENT pursuant to this No Show/Cancellation policy are not payable by your insurance company.

All fees are payable on or before your next office visit with your Ohio ENT physician or within 30 days of receipt of a billing statement from Ohio ENT for that fee, whichever is earlier.

Your physician may waive your "no-show" fee for good cause shown. To request that this fee be waived, you must email a written request and explanation to the following address: [nsappeal@ohpin.com](mailto:nsappeal@ohpin.com). Please enter your Ohio ENT doctor's name in the subject line of the email. If you do not have access to a computer, you may write a letter to N/S appeals, 1810 Mackenzie Drive, Columbus, Ohio, 43220. Attention: Clinical Director.

Please remember that it is your responsibility to make certain that we have updated, accurate phone numbers so that we may contact you.

Thank you for your consideration and understanding of our policy.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

[www.ohioENTdocs.com](http://www.ohioENTdocs.com)

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