

# Ear, Nose, Throat & Allergy of Northwest Georgia

Ear, Nose, and Throat Disease • Head and Neck Surgery  
www.entnwga.com

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## Cancellations, rescheduling appointments, and no-shows

When you do not show up for a scheduled visit, it creates an unused time slot that could have been used for another patient. We ask that you call at least 48 hours in advance to cancel or reschedule your visit as we need enough time to place someone else in this time slot.

You must speak with a staff member to cancel or reschedule the visit. A message left after hours or during the weekend will not be accepted.

If you are more than 15 minutes late to your visit, you have missed the time allotted to you and you are then considered a no-show.

We understand circumstances will occasionally arise and we may elect to work you back in. As a work in, you will no longer have a scheduled arrival time. You will be expected to wait inside the facility until we are able to work you back into the schedule. However, patients arriving at their scheduled time will be taken back first.

On your first occurrence, there will be a charge of \$50 as well as any fees associated with your visit to your account. This must be paid prior to your next visit being scheduled.

On your second occurrence, there will be another charge of \$50 as well as any fees associated with your visit to your account. This, as well as any balance owed, must be paid prior to your next visit being scheduled.

After three consecutive occurrences, the practice may elect to terminate our relationship with you. At that time, you will be notified and expected to pay the charges for the occurrences and any balance you may owe in full.

To avoid these issues, please ensure you provide us with your correct address and phone number at each visit. The front office staff will verify these and you will be required to update your paperwork once a year to ensure we have all current information on file. In the event you move or change your phone number, it is your responsibility to inform us of these changes. You may log onto your patient portal and update this if you have elected to use it, or notify the office of these changes. If you fail to do this, as it is your responsibility to do so, and we are unable to notify you to remind you of the upcoming visit, you will still be charged the fee if you do not attend your visit. We attempt to remind you as a courtesy and are happy to do so; however, it is your responsibility to keep up with your scheduled visits.

Please print your name, sign, and date below that you have read and understand this policy. A copy of this policy will be provided to you after your signature.

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

\_\_\_\_\_  
Patient's Name if Not Person Signing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date