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CANCELLATION & MISSED APPOINTMENT POLICY

Our goal at Idaho Ear Clinic is to provide you with convenient, accessible, high quality medical care. For us to assure convenience and accessibility to all of our patients, it is important that patients arrive timely for all scheduled appointments or cancel the appointment 24 hours in advance. This policy allows us to make better use of our available appointments for those patients in need of medical care.

CANCELLATION OF AN APPOINTMENT

You may cancel your scheduled appointment by calling our office during regular business hours.

Appointments are in high demand and your early cancellation will afford another patient the opportunity to be seen by a provider.

MISSED APPOINTMENT POLICY

A “missed appointment” is an occurrence where someone does not show up for an appointment and does not cancel the appointment in advance of the scheduled date and time. If you do not show up for your appointment and you do not cancel the appointment 24 hours in advance, we will record this in the medical record as a missed appointment.

Each time you miss your appointment, you will be notified by telephone and you will be asked to reschedule.

FEES FOR APPOINTMENTS – FINANCIAL AGREEMENT

Effective January 1, 2021 Idaho Ear Clinic will begin to charge patients when they do not present for scheduled appointments.

Failure to cancel or rescheduled the appointment within 24 hours of the scheduled appointment time, will result in a fee for a missed appointment. This fee will not be submitted to the health plan; it will be charged to the patient.

The missed appointment fee structure is \$20 for all types of appointments including procedures.

Please note repeated “missed appointments” may result in discharge from practice.

I pre-authorize Idaho Ear Clinic to use the payment information (debit and/or credit care) on file to charge for the applicable fees. If there is no payment information on file, I understand that I will be billed for the applicable fee.

I acknowledge that I have read and understand the above policy statement regarding the fees for missed appointments. I may also contact the Billing Department at 208-938-5823 x3 for additional information.

Signature _____ Date _____

Printed Name _____ DOB _____

13900 W. Wainwright Dr., Ste. 102, Boise, ID 83713
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