

James V. Crawford, MD  
Eric P. Wilkinson, MD



Michael Bateman, AuD  
Adam Reyes, AuD  
Shane Hunsaker, AuD

**Surgery/Procedure Reschedule, Cancellation, and No-Show Policy**

In the event that you would ever have surgery performed by the physician, it is important that when you schedule your surgery/procedure you have thoroughly checked your personal calendar to make sure that your scheduled date is ideal for you. Cancelling or rescheduling your surgery/procedure requires multiple phone calls to the hospital or outpatient facility, insurance company, first assist (if applicable) and patient which requires a great deal of time in addition to disallowing us from being able to schedule other patients in need.

*There will be a \$250.00 charge each time a surgery/procedure is rescheduled in less than 14 days. This fee will not be applied toward your surgery/procedure and will be added as a charge to your account, not billable to insurance.*

This fee must be paid to Idaho Ear Clinic prior to surgery/procedure being rescheduled.

**NO-SHOW POLICY**

If you do not show up for a scheduled surgery/procedure you will be charged the FULL amount of your surgery cost.

We appreciate your understanding of the above stated policy and thank you for your cooperation.

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

\_\_\_\_\_  
Date