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CANCELLATION AND NO SHOW POLICY

Due to a high volume of “NO SHOWS” and last minute “CANCELLATIONS”, Chicago Pulmonary Specialists will charge a cancellation fee. Appointments cancelled or rescheduled less than two full business days in advance are subject to a fee:

Established Patient Follow-up - \$75

New Patient or Office Procedure/Diagnostic Testing - \$150

This fee will not be covered by insurance and will be billed directly to the patient/parent/guardian.

For rescheduling no show and last-minute cancellations, you may be asked for a credit card to “hold” a future appointment. Repeated cancellations and no shows may result in dismissal from the practice.

I have read and will comply with this policy.

Signature (parent/patient)

Date

AUTHORIZATION TOTREAT

We recognize there may be occasions when neither parent (or guardian) is available to bring their child(ren) to our office. Your signature below will allow us to provide care for your child(ren) in your absence. Otherwise we will need to obtain your written permission prior to caring for your child(ren) for each occasion of your absence.

I authorize the doctors of Chicago Pulmonary Specialists to provide medical care and treatment for my child(ren) in my absence, including but not limited to routine examinations, immunizations and lab tests.

Signature (parent/patient)

Date