



135 Newton-Sparta Road
Newton, NJ 07860

ENT Cancellation/No Show Policy Conformation of Receipt

We understand that there are times when you may need to cancel your scheduled appointment due to emergencies and other obligations. However, due to the large block of time Dr. Galeos provides for all appointments, we ask that you provide us with **at least 24 hours' notice** should you have to cancel your appointment. (Monday appointments must be cancelled/re-scheduled by noon on Friday).

When you do not call to cancel or reschedule your appointment, you may be preventing another patient from receiving much needed treatment.

Patients who no show or cancel less than 24 hours before their scheduled appointment will be charged a \$35 fee. Patients that no show or cancel appointments with less than 24 hours' notice on 3 or more occasions may be subject to discharge from the ENT department.

Thank you for your cooperation.

Sincerely,

Skylands ENT

I understand the terms of this form and I am aware that I am financially responsible for charges incurred for cancellation or no shows.

Print Name: _____

Signature: _____

Date: _____