



**Hoover**  
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**Hoover Hearing Clinic**  
*A division of*  
*Hoover ENT Associates, P.C.*  
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## Cancellation and No-Show Policy

At **Hoover ENT Associates & Hoover Hearing Clinic**, we are committed to providing timely, high-quality care to all our patients. Missed appointments and late cancellations limit our ability to serve other patients in need and disrupt clinic operations.

### Policy Overview:

- Patients are required to provide at least **48 hours notice** when canceling or rescheduling an appointment.
- Failure to attend a scheduled appointment without prior notice (“no-show”), or canceling with **less than 48 hours notice**, will result in a **\$25 fee**.
- This fee is **not covered by insurance** and is the patient’s responsibility.
- Outstanding fees may be required to be paid before scheduling future appointments.

### Repeated No-Shows / Late Cancellations:

- Multiple missed appointments or repeated late cancellations may result in additional restrictions on scheduling.
- After **three (3) no-shows or late cancellations**, the practice reserves the right to dismiss the patient from Hoover ENT Associates & Hoover Hearing Clinic.
- If dismissal occurs, the patient will be notified in writing and provided with information to assist in transitioning care, consistent with applicable regulations.

### Patient Acknowledgment:

By signing below, I acknowledge that:

- I have read and understand the No-Show and Late Cancellation Policy for Hoover ENT Associates & Hoover Hearing Clinic.
- I agree to provide at least 48 hours notice if I need to cancel or reschedule an appointment.
- I accept responsibility for the \$25 fee in the event of a no-show or late cancellation, unless waived by the practice.
- I understand that repeated violations of this policy may result in dismissal from the practice.

\_\_\_\_\_  
 Patient Name (Please Print)

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Signature of Patient or Patient Representative

\_\_\_\_\_  
 Date Signed