



**Silver Lake Office**

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**Edmonds Office**

7315 212<sup>th</sup> ST SW #208  
Edmonds, WA 98026  
Phone (425)791-3084  
Fax (425)791-3086

## Appointment Policy

A scheduled appointment is a commitment of time between the doctor and patient. We have reserved time just for you. When appointments are missed or canceled, that time is lost.

We ask the when you make an appointment you make every effort to keep that appointment. We understand that emergencies do arise, and we will take that into consideration. If you find that you cannot keep your scheduled appointment, we require two business days' notice so that we may see another patient in need of care.

It is office policy to charge a **\$100.00 fee** for any missed appointment or scheduled procedure (Home Sleep Study, Nocturnal Oximetry Test, or Pulmonary Function Test) without a minimum of two business days' notice. This charge is your responsibility and insurance companies will not pay for missed procedures.

I certify that I have read the appointment policy and agree to abide by this policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_