Department of Ear, Nose, Throat, Audiology, and Hearing Aids
3216 Norton Ave, Suite 102
Everett, WA 98201
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CANCELLATION POLICY

I understand that I may be charged a fee by Western Washington Medical Group, Department of Ear, Nose, Throat and Audiology for missed appointments or appointments that are cancelled or rescheduled **less than 24 hours** before the appointment time. I understand that I am directly responsible for payment of the fee and that my insurance company will not be billed.

The fee for a missed or late cancelled/rescheduled appointment is a minimum of $25.00 ($100.00 for surgeries).

I understand that if I am billed a cancellation fee, I will not be able to reschedule an appointment or be treated at Western Washington Medical Group Ear, Nose, Throat and Audiology until such fee is paid.

To prevent this charge please notify our office at least 24 hours in advance if you are unable to keep your appointment.

By my signature below, I acknowledge that I have read and understand the cancellation policy.

Patient Signature______________________________ Date_________________