



Premier ALLERGY, ASTHMA & SINUS CARE

John G. Latall, MD

Board Certified Allergy and Immunology

2073 N. Clybourn Ave., Chicago, IL 60614 T 773.665.4016 / F 773.360.6200

1 N. LaSalle St., Ste 1130, Chicago, IL 60602 T 312.796.2241 / F 312.796.2333

Office Payment Policy

Please note the following office policies regarding co-pays and balances:

1. Co-Pay is required at time of service.
2. For any appointment with a provider (MD or physician assistant), balances must be paid in full prior to being seen for your appointment. This includes new vial visits and follow-ups.

Missed Appointment Policy

We know things come up, however we require that you notify our office in the event of a need for cancellation within 24 business hours of your appointment. *(I.E. If your appointment is Tuesday at 10 am, you would need to call by Monday 10am to cancel; if your appointment is Monday at 10 am, you would need to call by Friday 10 am, as that is the previous business day to Monday. Please note our office closes Fridays at 1:00 pm).* Advance notice allows our office to accommodate other patients that may need to be seen. Please be advised that cancellations within 24 business hours of appointment or missed appointments will result in a **fee of \$50** charged to your account. Late cancellations or missed appointment fees are not covered by your insurer.

This policy does NOT apply to patients coming in for solely allergy injections; this applies to office visits with MD or Physician Assistant only.

Please sign below as acknowledgment of receipt of the two above policies.

We appreciate your cooperation in this matter.

X _____

Date: _____