

INFECTIOUS DISEASE SPECIALIST OF NORTHWEST ARKANSAS

**Dr. Stephen Hennigan, Dr. Daniel Young, Dr. Andrew Ebers
Margaret Oliver, APRN and Miranda Bowen-Perkins, APRN**

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours' notice. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot.

We reserve the right to charge patients a fee and/ or terminate our relationship with a patient who fails to keep their appointments without notifying our office in advance. Patients who no show three consecutive times may be dismissed for the practice thus they will be denied any future appointments.

IDS of Northwest Arkansas believes that good physicians/ patient relationship is based upon understanding and communication. Question about cancellation and no show fees should be directed to the Business office.

Please sign that you have read, understand and agree to this No Show/ Cancellation Policy.

Patient/ Patient Representative Signature

Date

Patient Name- (PLEASE PRINT)

Patient – Date of Birth

Thank you,

Dr. Stephen Hennigan, Dr. Daniel Young, Dr. Andrew Ebers,
Maggie Oliver, APRN, Miranda Bowen- Perkins, APRN and staff.