



SMOKY HILL
15470 E SMOKY HILL RD, AURORA, CO 80015
P: 303.224.4711 | F: 720.870.2517

CHERRY CREEK
3150 E 3rd Ave #300, Denver, CO 80206
P: 303.224.4711 | F: 720.870.2517

ENDOSCOPY CONSENT AND CANCELLATION POLICY

Patient Full name: _____ DOB: _____

Medical Record No.: _____

Attention Sinus/Nose/Larynx Patients:

Please be aware that additional charges may be assessed if a nasal endoscopy/debridement is performed in the office during your visit. Many insurance companies consider this to be a minor procedure and will require an additional copayment or possibly a deductible. This will only be performed if the physician finds it necessary for diagnosis or ongoing treatment. If you have any questions regarding this, please ask to speak with an insurance specialist prior to today's visit. This service may appear on your explanation of benefits as a surgery.

Cancellation Policy

We are aware that situations may arise where a patient may be unable to make their appointments. Therefore, we respectfully request that, if you must cancel your appointment, a minimum 24 hours' notice will be provided. For appointment cancellations that are not provided a 24-hour notice, or for a "no show", a cancellation fee of \$75 will be assessed.

Your signature acknowledges your consent for all future treatments:

Signature: _____ Date: _____