

Honolulu Neuroscience Clinic

Michael B. Russo, MD, FACP, FAAN, FAASM, FAAMA

Medical Director Neurology, Sleep Disorders, Traumatic Brain Injury

NO-SHOW, LATE, AND CANCELLATION POLICY

Patient Name:

DOB:

Dear Respected Patient,

Thank you for your trust in us. We are all doing our best to provide you exceptional neurological and sleep disorders services. As a courtesy, and to help you remember your scheduled appointments, we will contact you by phone two days in advance of the scheduled appointment. Please kindly return our calls to confirm your appointment. Please kindly inform our front desk receptionist if your contact phone number, address or insurance has changed.

If you have to change your appointment, please call our office at least 24 hours in advance to cancel or reschedule your appointment.

* If you cancel your follow-up appointment within 24 hours, or do not show up for your appointment, you will be charged a **\$100 No-Show fee or be discharged from our services.**

* If you cancel your sleep device pick up (*HST, overnight EEG*) within 24 hours, do not show up for your appointment, or return a device unused, you will be charged a **\$100 No-Show fee or be discharged from our services.**

“No-Show Fee” is not reimbursable by your insurance company and you will be billed directly for it. Please be aware that appointments conducted by phone and virtually, in addition to the in-person appointments, are subject to this policy. Please be aware that taking home an at-home testing device (Home Sleep Test, Sleep Profiler) and returning it without having used it will be subject to the equivalent of a “No-Show” fee.

Please kindly give us a call if you expect to arrive for your appointment late. If you are more than 15 min late, your appointment may have to be rescheduled and you may be charged a missed appointment fee.

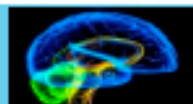
I have read the policy above. I understand and agree to abide by the above terms. I understand that I must cancel or reschedule my appointments at least 24 hours in advance to avoid a no-show charge, and I understand that I may be charged a no-show fee for late arrival.

Signature of Patient, Authorized Representative,
or Responsible Individual

Date

Updated as of January 2026

Diplomate, Am Board of Psychiatry and Neurology



Certified, Adult Neurology and Sleep Disorders

320 Ward Ave, STE 107, Honolulu, HI 96814
PHONE: 808-294-3332

www.hawaiisleepneurologist.com

1335 Kalaniana'ole Ave, Hilo, HI 96720
FAX: 808-748-2920