

*Pulmonary and Sleep  
Associates of Marin*



*Clinic and Pulmonary Function Lab  
100 Rowland Way, Suite 300  
Novato, CA 94945*

*Tel: 415-878-0225*

*Fax: 415-878-0215*

[www.MarinPulmonarySleep.com](http://www.MarinPulmonarySleep.com)

*Sleep Center of Marin  
7100 Redwood Blvd, Suite 150  
Novato, CA 94945*

**NO SHOW AGREEMENT AND CONSENT TO HAVE CREDIT CARD ON FILE**

I \_\_\_\_\_ authorize Pulmonary and Sleep Associates of Marin to store my credit card on file and use it to pay my NO-SHOW fee of **\$300** if I do not give 48 hours' notice for my sleep study at Sleep Center of Marin.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_