

Appointment & Cancellation Policy

It is very important that you read this policy carefully before signing.

We make every effort to schedule your child's well appointment at the most convenient time for you. It is very important that you keep your appointment as scheduled. **Remember** we have reserved this time for you.

Our policy concerning cancelled or no show appointments is as follows:

A patient with a well appointment must call at least 48 hours in advance prior to canceling or rescheduling their appointment time so we will be able to offer this time to another patient.

No show appointments will be billed a \$25 charge, which will be billed directly to you.

The above charges are applied for each occurrence. After the third cancellation or no show appointment, we will treat you for 30 days on an emergency basis only. During this time you will have an opportunity to find another physician.

I _____ -(print name of responsible party),
understand this policy.

Signature _____ Date _____