

Pediatric Care of Lansing

Cancellation Policy/No Show Policy

1. Cancellation/ No Show Policy for Doctor Appointment

The relationship between doctor and patient is a two-way street. There are rights and responsibilities on both sides. When you make an appointment to see one of our doctors, that time is set-aside just for your child / children. We attempt to confirm physical exam appointments a day in advance but ultimately you are responsible to mark your calendar to assure you are available to keep the appointment. No-shows demonstrate a lack of basic courtesy and respect for our Physicians and our practice. We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. Therefore you will be charged a \$25 fee per child for each no show appointment. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book. If an appointment is not cancelled at least 24 hours in advance you will be charged a twenty - five dollar (\$25) fee; per child per appointment. This will not be covered by your insurance company. Last minute cancellations can cause problems and added expenses for the office especially when more than one child is scheduled for an appointment.

2. Scheduled Appointments

We understand that delays can happen however we must try to keep the other patients and doctors on time. If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment.

3. Account balances

We will require that patients with self-pay balances do pay their account balances to zero (0) prior to receiving further services by our practice. Patients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak to a business office representative with whom they can review their account and concerns. Patients with balances over \$100 must make payment arrangements prior to future appointments being made.

Responsible party is required to pay the fee if necessary, and understand I will be unable to schedule future appointments until the fee is paid. It is therefore my responsibility to keep track of the appointments I schedule, and it is not the facility's job to notify me of upcoming appointments

Repeated cancellations or missed appointments will result in loss of future appointment privileges.

Parent/Guardian (Printed)

Date

Parent/Guardian (Signature)

ALL CHILDREN'S NAMES IN THIS PRACTICE