



APPOINTMENT AND NO SHOW POLICIES

It is our desire to provide timely and accesible care to al lof our patients. We Will make every effort to accommodate your scheduling needs, but in return we ask for your help by keeping your scheduled appointment and arrive on time.

In order to be respectfull of the medical needs of other patients, please be courteous and call the office promptly if you are unable to keep an appointment. The time slot can be offered to someone who is in urgent need of care.

CHECK-IN POLICY

All patients are asked to arrive 15 minutes prior to their scheduled appointment time, in order to complete the practice’s required forms, obtain or update the necessary demographic data and insurance information. All patients rae encouraged to fill out these forms prior to their visit. These forms are available online at the practice’s website, www.torneriapediatrics.com, unde rthe forms tab.

_____ (INITIALS)

LATE POLICY

If you are running late for your appointent, please contact our office promptly We Will determine whether or not your appointment Will need to be rescheduled.

- If you arrive more tan 15 minutes late to your scheduled appointment time, we Will make an effort to accommodate you. However, your appointment may be rescheduled.

_____ (INITIALS)

NO SHOW POLICY

- A No Show Fee of \$25 will be applied to your account missed appointments or a cancellation less tan 24hrs prior to your child’s appointment.

_____ (INITIALS)

- If you need to cancel your appointment, please call 24 hrs prio to your appointment to either cancel or reschedule. If your child has three (3) or more NO SHOWS in a 12-month period, your child may be discharged from our practice.

_____ (INITIALS)



APPOINTMENT AND NO SHOW POLICIES (cont.)

Last minute cancellations Will be evaluated on a case by case basis and may be considered a **NO SHOW** at the Physician's and/or Office Manager's discretion.

Print Name of parent _____

Signature of parent _____

Date _____