

ANNANDALE PEDIATRICS ASSOCIATES, LTD.

LATE CANCELLATION / NO SHOW POLICY

Due to the increased demand for appointment times and having long waiting lists for cancellations, we have to implement a LATE CANCELLATION/NO SHOW policy. We regret that we have had to take this action. Our concern for seeing our patients in a timely manner has prompted us to take these steps. We ask for a 24 hour notice for all cancellations.

If a patient fails to keep an appointment, there will be a fee assessed to the account depending on the type of appointment scheduled; ie: routine physical: \$25.

I have read and fully understand my responsibility as a patient.

Signature

Date

FILING OF INSURANCE CLAIMS

We will gladly file your insurance claim accurately and promptly **once**. In order to do this properly, we need **CURRENT, CORRECT** and **COMPLETE** insurance information.

Please verify information routinely.

If payment is denied by the insurance company

THE CHARGES BECOME DUE BY THE PATIENT

We encourage you to call your insurance company, and resolve the problem. We no longer can wait indefinitely for payment. If the insurance company should pay us at a later date, we will gladly refund any money paid by the patient.

I have read the above and fully understand my responsibility as a patient

Signature

Date