



CANCELLATION & MISSED APPOINTMENT POLICY

Our goal at Pediatric Medical Associates is to provide you and your child with convenient, accessible, high quality medical care. For us to assure convenience and accessibility to all our patients, it is important that patients arrive timely for all scheduled appointments or cancel the appointment at least **24 hours** in advance. This policy allows us to make better use of our available appointments for those patients in need of medical care.

Cancellation of an Appointment

You may cancel your scheduled appointment by calling our office during regular business hours. You can also leave word with our answering service at 916 423 6807.

Appointments are in high demand and your early cancellation will give another child the opportunity to be seen by a provider.

Missed Appointment Policy

A "missed appointment" is an occurrence where someone does not show up for an appointment and does not cancel the appointment in advance of the scheduled date and time. If you do not show up for your appointment and you do not cancel the appointment **24 hours** or greater, in advance, we will record this in the medical record as a "missed appointment".

Fees for Missed Appointments – Financial Agreement

Effective June 1, 2019, Pediatric Medical Associates will begin to charge patients when they do not present for scheduled appointments.

Failure to cancel or re-schedule the appointment within 24 hours or greater of the scheduled appointment time will result in a fee for a missed appointment. This fee will not be submitted to the health plan because they do not pay for missed appointment fees; it will be charged to the patient.

The missed appointment fee structure is **\$25** for all types of appointments including Well Exams, Sick Exams, Shot Only appointments to name a few.

I have read and understand the above policy statement regarding the fees for a missed appointment. I may also contact the Billing Department at 916 924 9337 for additional information.

Date: _____ Date of Birth: _____ Child's name: _____

(Signature) _____ (Name Printed) _____