

MISSED APPOINTMENTS

Pierremont Pediatrics kindly asks that you show consideration by notifying our office at least **24 hours** in advance if you are unable to keep your appointment. We would like the opportunity to offer that appointment to another patient who needs to see the physician.

Failure to notify Pierremont Pediatrics of cancellation of your appointment at least **24 hours** in advance may result in a fee of **\$25**. The fee is non-covered by insurance and it will be completely your responsibility to pay. Only **CASH** or **CREDIT CARD** will be an acceptable form of payment.

Please note that we do understand that unavoidable circumstances occur, and we will take this into consideration in the event you fail to keep your scheduled appointment without notifying us within the requested 24-hour period.

Missed appointments may result in dismissal from our practice.

I have read and understand the above Missed Appointment Policy for Pierremont Pediatrics.

Parent/Guardian signature: _____

Today's Date: _____

Patients Name: _____ Patients DOB: _____