TRIANGLE PEDIATRIC CENTER, P.A.
CANCELLATION POLICY

MEDICAL RECORD # _____________________

NAME: ________________________________

Triangle Pediatric Center understands that occasionally you will be unable to attend your scheduled appointment. When this happens we kindly ask that you provide **at least** a 24 hour notice. This will enable us to offer that appointment time to another child for a sick or well visit. Missed appointments represent a cost to us, to you and to other patients who could have been seen at the time set aside for you. To assist you Triangle Pediatrics places reminder calls to you regarding scheduled appointments (for appointments not made on the same day).

Due to an increasing incidence of the number of scheduled appointments which are **not** cancelled Triangle Pediatrics has had to follow other practices in the area and enact a written cancellation policy.

We hope that you understand that this is done with our patient's best interests taken into account. We feel that this policy will continue to allow us to offer all of our patients same day sick appointments and more timely physical exams.

Therefore, please be advised that the following fees will be charged when an appointment is missed without advance notice:

Missed Appointment for a Scheduled Physical: $50.00 per occurrence (child)

Missed Appointment for All Other Scheduled Office Visits:

- **1st Appointment: Excused**
- **2nd Appointment: $25.00 per occurrence (child)**
- **3rd Appointment: $74.00 per occurrence (child)**
- **Same Day Appointment: $25.00 per occurrence (child)**

Triangle Pediatric Center reserves the right to dismiss from our practice any patient who consistently fails to meet this policy or who refuses to sign this agreement.

I have read and understand the cancellation policy stated above and agree to accept responsibility as described.

____________________________	_______________________	_______________________
Parent Name (Print)	Signature	Date
____________________________	_______________________	_______________________
Responsible Party (if other) (Print)	Signature	Date