
 <p>UCSF Benioff Children's Physicians</p> <p>Policy and Procedure</p>	 <p>Tri-Valley Pediatrics, Inc.</p>
<p>Missed Appointments, No-Show, and Form Completion Policy & Charges</p>	<p>Effective: January 1, 2016</p>

Cancellation Policy:

If you must cancel an appointment, please notify us as soon as possible so that we can make room in our schedule for another child to be seen. We require 24 hours notice to consider an appointment cancelled. Our Receptionists and/or automated reminder system confirm all appointments 24-48 hours in advance, so please make sure that we have a current phone number, and E-mail. We will apply a charge of \$25 for a missed appointment (1st time). This fee can not be billed to your insurance company.

Initial_____

Multiple missed/no show policy:

Missed appointment (or appointments cancelled with less than 24 hour notice) are a cost to us, to you, and to other patients who could have used the time set aside for your child. Please make every effort to call us as soon as possible to cancel your appointment.

For the second appointment missed, we will apply a \$50 fee. **After the third appointment missed, we will apply a \$75 fee and we have the option of dismissing your family from our practice.** We do realize that sometimes there are emergencies and we will take these into consideration. We will send you a warning letter after your family has missed 2 or more appointments. This letter serves as a warning that you may be dismissed from our practice if you continue to have missed appointments.

Initial_____

Charges for form completion:

Our office gladly provides a completed school and immunization form at the time of a well appointment/physical exam. Our office charges to complete forms outside of the well appointment visit. Below are our form turnaround times and charges:

3 business day = \$10

<3 business day = \$20

These charges are not billed or reimbursable by your insurance. They are your responsibility. All fees for forms must be paid at the time form is dropped off. The form will not be completed until payment is made.

Initial_____

I understand that I am responsible for any fees for missed/no show or appointment cancelled with less than 24 hour notice, and for any form need completed. I understand these charges will not be billed to my insurance. I agree to pay these fees and understand I may be dismissed from this practice for multiple missed/no-shows as outlined above.

Signed _____ Date _____

Parent/Legal Guardian Name (print): _____

Child(ren)'s name: _____