

Pt. Name \_\_\_\_\_

## **Northeast Pediatrics and Adolescent Medicine Appointment and Scheduling Policy**

Thank you for choosing Northeast Pediatrics and Adolescent Medicine for your family's health care needs. It is our goal to provide the best possible medical care to your children. Please take a few moments to read our appointment and scheduling policy in order to understand our expectations that must be observed in order to provide exemplary care to your children and all children in our practice.

**Schedule an appointment by calling 607-257-2188 for pediatrics or 607-257-5067 for our adolescent office.** Monday through Friday, we are available from 7am-4:30pm to schedule your appointment.

**Schedule same day appointments for ill visits.** Appointments for sick visits are booked on a first available appointment basis.

**Arrive early for your appointment.** Please remember that all insurance requires that we review your insurance data and demographics each time you visit our office. This often takes a few minutes and without it, your insurance claim could be denied. Please bring your insurance card to every visit.

**When you receive a call to confirm your child's upcoming appointment, please call the office to confirm.** Lack of your confirmation call may result in your appointment being cancelled to accommodate other patients.

**Call at least 24 hours in advance if you are unable to make your appointment time.** This allows us the opportunity to schedule other patients who need appointments. We will do all that we can to reschedule your appointment that same day or at another time that is mutually acceptable.

**Late arrivals (more than 15 minutes) may be offered the next available appointment.** While we will do all that is possible to accommodate requests, the first available appointment may or may not be on the day the appointment time was missed. At times, our providers may be behind schedule when unexpected emergencies occur and they provide patients with the full attention that their care requires. Regardless, this is not an acceptable excuse for patient lateness.

**If you miss an appointment, you will receive a letter notifying you of the missed appointment and may be charged a \$25.00 no show fee.** At that time, you will be reminded of our appointment policy. More than 3 missed appointments may result in the termination of services from our practice.

**Please turn off cell phones in the office and examination rooms.**

We appreciate the time you have taken to read our appointment policy. If you have any further questions, please feel free to contact our office and speak with our Reception Coordinator, Office Manager, or Clinical Coordinator.

**I, \_\_\_\_\_ (please print name), have read and understand the above written patient policy regarding Appointments and Scheduling at Northeast Pediatrics.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**