



## UPDATED OFFICE POLICIES AND REMINDERS

Please take a few moments to review and acknowledge these policies and reminders. Occasionally we find the need to adjust a policy to better serve our patient population.

**CANCELLATION POLICY:**

We request 24-hour notice on all appointment cancellations. We reserve the right to charge a nominal fee for all cancellations less than 24 hours in advance.

**LATE ARRIVAL POLICY:**

We request all patients arrive 15 minutes prior to their appointment to allow time for check-in. Those who arrive 10 minutes or more after their scheduled appointment time may need to reschedule based on the availability of that day.

**NO SHOW POLICY:**

If you miss an appointment, we will give you a courtesy call to inform you of your missed appointment. If a second missed appointment occurs in a 12-month period, you will receive a phone call regarding protocol from our lab manager. If a third no show occurs in a 12-month period, you will be charged a \$50 fee.

**INSURANCE:**

We kindly ask all patients to bring their insurance card to every appointment for appointment check in procedure.

**WALK-IN HOURS:**

Walk-in hours are reserved for sick visits including but not limited to: sore throat, cough, fever, vomiting, eye irritation, and ear pain. Please call in advance to schedule appointments with the doctor for follow up visits, annual physicals, medication checks, head injuries, and chronic conditions. We appreciate your understanding as these visits require more time.

**MASKING POLICY:**

Masks are optional, but encouraged. Masks will still be required for patients experiencing fever, sore throat, cough, congestion, or any respiratory illness symptoms.

By signing this document, I acknowledge receipt and agree to the office policies and pay any consequential fees.

\_\_\_\_\_  
Patient, Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient, Parent or Guardian Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name if different from above (Please Print)

\_\_\_\_\_  
Date