

## **Broken Appointment Policy**

Thank you for trusting your child's care to Palmetto Pediatrics of the Lowcountry.

When you schedule an appointment with our office, time is reserved specifically for your child. If you need to cancel or reschedule, please contact us as soon as possible and no later than 24 hours before your scheduled appointment. This allows us to offer that appointment time to another patient in need of care.

A **broken appointment** occurs when a patient:

- Does not arrive for a scheduled appointment, or
- Cancels with less than 24 hours' notice.

### **Established Patients**

- **First broken appointment:** A \$50.00 fee will be assessed.
- **Second broken appointment:** A \$50.00 fee will be assessed.
- **Third broken appointment:** A \$50.00 fee will be assessed and may result in dismissal from the practice.

### **New Patients**

- New patients who do not attend or who cancel their initial appointment with less than 24 hours' notice may not be permitted to reschedule with our practice.

Broken appointment fees are the responsibility of the patient/guarantor and are not billed to insurance. Payment is due at the time of the patient's next office visit.

Any outstanding balance not paid within 45 days may be forwarded to a collection agency.

### **Appointment Reminders**

Appointment reminders are provided as a courtesy when possible; however, it remains the responsibility of the parent/guardian or patient to keep track of scheduled appointments.

### **How to Cancel an Appointment**

You may contact Palmetto Pediatrics of the Lowcountry 24 hours a day, 7 days a week to cancel an appointment by calling:

- 843-706-3206
- 843-342-5437

If calling after regular business hours, please leave a voicemail message. Messages left at either location are acceptable and will be reviewed by our staff.

**Acknowledgment of Receipt and Agreement**

I have received, read, and understand the Palmetto Pediatrics of the Lowcountry Broken Appointment Policy. I understand that I am responsible for providing at least 24 hours' notice for cancellations and that fees may be assessed for broken appointments as outlined above.

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Patient Name : \_\_\_\_\_ Patient DOB : \_\_\_\_\_

Patient Name : \_\_\_\_\_ Patient DOB : \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_