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## Missed Appointment Policy Acknowledgement

Keeping scheduled appointments is very important to your child's health and to the physician's schedule. Unless your provider specifically tells you otherwise, (in accordance with the American Academy of Pediatrics) we expect to see your child for well visits as follows:

|                    |                    |                     |                       |
|--------------------|--------------------|---------------------|-----------------------|
| 1. 1 to 3 days     | 4. at 4 months old | 7. at 12 months old | 10. at 24 months old  |
| 2. at 1 month old  | 5. at 6 months old | 8. at 15 months old | 11. at 3 years old    |
| 3. at 2 months old | 6. at 9 months old | 9. at 18 months old | 12. yearly after that |

For sick visits, well exam visits and all other prescheduled visits, we block the medical provider's schedule with your child's name and therefore, no other child can have that time. By the time we recognize that an appointment is not being kept, it is too late to have another child fill that allotted time. For this reason, Lansing Pediatric Associates has implemented a missed appointment policy outlined below:

- Scheduled appointments that you do not need or cannot keep must be cancelled by calling the office or replying 'N' to the automated appointment reminder text.
- For a sick visit, we require that you call to cancel at least 3 hours prior to the appointment time.
- For well visits, consultations and medication checks, we require at least 24 hours advance notice for cancellation.
- If an appointment is missed without appropriate cancellation notice, a missed appointment fee will be charged to the patient and not billed to insurance in the amount of:
  - **\$50.00 for sick visits**
  - **\$75.00 for all other visit types**

\*This agreement serves as notice that these fees are subject to increase in the future. If missed appointments continue to occur, we will need to re-evaluate the patient/physician relationship.

I understand the above missed appointment policy:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please list child(ren)'s names below:

Child(ren)'s date of birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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