*** HOLLAND PEDIATRIC ASSOCIATES, PLC

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MISSED APPOINTMENT & LATE CANCEL POLICIES

ADULT PATIENTS (18 YEARS OF AGE OR OLDER)

PATIENT NAME AND BIRTHDATE		
First Name	Last Name	Birthdate
Our physicians and staff respect the time that you be necessary for you to be here. We understand the appointment time as possible. However, at times, run behind schedule. Usually these are related to put to be addressed and took more time than expected	take to come to your appointment as well he need to stay on time and our goal is to there are unpredictable issues that arise patient care (for example, a patient had mo	l as the arrangements that may run as close to your scheduled which may cause a provider to
We understand that unexpected things may co- appointment with us. However, every time a patie prohibits another patient from being able to see appointments are in high demand, and we also understanding and cooperating with our Missed A	ent does not notify us that they will be una one of our providers. We're happy to ac want to run on time for our other patie	able to keep an appointment, it commodate when we can but
Our automated appointment reminders are fantast scheduled appointment. Be sure to complete our 0 the goal is for these to always go out, please not guaranteed. Future appointments can be viewed of	Consent for Notifications Form to opt in for te these automated appointment reminder	these helpful reminders! While
"CHECK-IN" TIME		
We ask all patients arrive 10 minutes prior to their confirm demographic information and insurance ir require more paperwork (i.e. teen well visits, new scheduled appointment time.	nformation, as well as collect co-pays or b	alances. For appointments that
LATE ARRIVAL POLICY		
If you arrive after your scheduled appointment tim If the provider is unable to see you, you will be as you for the same day. You may be offered a differ	sessed a "missed appointment". We will r	make every effort to reschedule
MISSED APPOINTMENT & LATE CANC	EL POLICY	
If you need to cancel or reschedule an appointme that you will be unable to keep your scheduled ap who need to be seen. If you do not do this, you w a rolling calendar year may result in being dischar	ent, you must notify us at least two hours opointment. Calling as early as possible al ill be assessed a "missed appointment". T	llows us to serve other patients
ACKNOWLEDGEMENT AND CICNATUR		
ACKNOWLEDGEMENT AND SIGNATUR I have thoroughly read all the information on this Missed Appointment/Late-Cancel and Late Arriva patient.	sheet and agree with everything. I also up	
	18 years of age or older. ONLY the adult patient (18	+ years of age) can sign.
Name (printed)	Di.ut.	doto
Name (printed):	Birth Last Name	date:
Signature:		Date: