

Appointment Policy

Patient Name:	Date of Birth:
PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR SCHEDULED A	PPOINTMENT TIME.
Items to Bring to Each Appointment	
 Co-Pay/Co-Insurance Photo ID All Forms that Need to be Insurance Card(s) Child Immunization Records (if applicable) 	
Late Arrival	
If you arrive more than 10 minutes late for your scheduled apportence of the schedule. You may choose to wait as a walk-in patient but are not day.	,
Appointment Confirmations	
Automated reminders will be sent prior to your scheduled appoint appointment at least 24 hours in advance.	ment time. Please confirm your
Appointment Cancellations	
You may contact the clinic to cancel or reschedule appointments. Ple cancel or reschedule an appointment or it will be considered a	
Missed Appointments	
If you fail to keep a scheduled appointment or do not cancel an ap advance, this will be documented as a missed appointment.	pointment more than 24 hours' in
If you have 3+ missed appointments in a 6-month period, you very for appointments and will be seen on a walk-in basis only.	will no longer be pre-scheduled
If you are experiencing barriers to making your scheduled appointment hardship, childcare, etc.), please let us know. We are happy to prove resources. Our goal is to work with you and accommodate your needs	vide information about community
Children	
Patients under 18 years of age must be accompanied by a parent or of age who arrive without a parent, legal guardian, or other authorize Advanced Consent to Treat Form on file.	
Due to safety concerns, we cannot have unsupervised children at the responsible for child supervision. Please plan to bring children into arrange for childcare prior to your appointment.	
Prescription Refills	
Contact your pharmacy for all refill requests. Please allow 72 busine	ss hours for processing
IF YOU UNDERSTAND AND AGREE TO THESE TERMS, PLEASI	E SIGN BELOW:
Signature of Patient/Parent/Guardian	Date