



**FINANCIAL, CHECK-IN, LATE and NO SHOW POLICIES**

**Co-Payments.** Commercial plans with established copays are due at the time of service.

**Self-Pay Patients.** Payment for services rendered are due at the time of service.

**Parent/Guardian Responsibility**

It is your responsibility to verify that Pediatrics Care of Greater Cleveland accepts your insurance. Please bring your insurance card to all of your child's visits and be prepared to pay any previous outstanding balance on your account.

**CHECK-IN POLICY**

All patients are asked to arrive 15 minutes prior to their scheduled appointment time, in order to complete the practice's required forms, obtain or update the necessary demographic data and insurance information. All patients are encouraged to fill out these forms prior to their visit.

**LATE POLICY**

If you are running late for your appointment, please contact our office promptly. We will determine whether or not your appointment will need to be rescheduled. If you arrive more than 15 minutes late to your scheduled appointment time, we will make an effort to accommodate you. However, your appointment may be rescheduled.

**NO SHOW POLICY**

A No Show Fee of \$25 will be applied to your account for a missed appointment or a cancellation less than 24hrs prior to your scheduled appointment. If you need to cancel your appointment, please call our office at least 24 hrs prior to your appointment to either cancel or reschedule. If you or your child has three (3) or more NO SHOWS in a 12-month period, you or your child may be discharged from our practice. Last minute cancellations will be evaluated on a case by case basis and may be considered a NO SHOW at the Office discretion.

\_\_\_\_\_ Today's Date: \_\_\_\_\_  
Responsible Party Signature

Child's name  
\_\_\_\_\_

Date of Birth  
\_\_\_\_\_