

24 HOURS ADVANCE NOTICE TO CANCEL APPOINTMENTS

Dear Patients and Families:

Our office policy requires 24 hours advance notice in the event an appointment must be cancelled.

Please be advised of the following charges for missed appointments:

Missed Physical Examinations	\$50 (Each Missed Appt.)
Add-On (Walk-In) Visit	\$25
Missed ADD Evaluation	\$50

RETURNED CHECK FEE

There will be a \$25 fee charged for any returned checks.

UNPAID BALANCE FEE

There will be a 1.5% per month finance charge incurred for any balance unpaid over 60 days.

Thank you.

CONEJO CHILDREN'S MEDICAL GROUP

Donna M. Pachorek M.D., Nathalie M. Rubin M.D., M. Elizabeth Andrews Vallance, M.D.
Michael P. Melman, M.D., Peter M. Antall, MD

I acknowledge receipt of this notice and accept financial responsibility for all missed appointments, walk-in charges, and unpaid balance interest.

Parent or Responsible Party

PRINTED NAME

Signature

DATE

CHILD'S NAME (PRINTED)