



Thank you for choosing Rocky Mountain Pediatric Endocrinology for your child’s care. Our goal is provide quality medical care in a timely manner, and we do our best to keep waiting time to a minimum. In order to help the clinic run smoothly, please familiarize yourself with our scheduling and cancellation policies outlined below.

SCHEDULING POLICY

Please bring your insurance card to each visit and be prepared to pay your co-pay at time of service, if applicable. We ask that you **arrive 15 minutes prior to your appointment time** to verify and/or update your child’s information. Because we respect every patient’s time, if you are 10 minutes late for your child’s appointment, you will be asked to reschedule and charged a fee (outlined below).

CANCELLATION POLICY

We understand that circumstances sometimes require you to miss an appointment. If it is necessary to cancel or reschedule your appointment or testing, we require that you notify us at least **two (2) business days in advance**. If appropriate notification is not given, you will be charged a fee (outlined below) and re-scheduling must be coordinated with our Office Manager directly. Repeated late cancellations and/or no-shows may result in our request that you find another practice more convenient for your needs.

FEES

Office Visit	Fee	Stimulation Testing	Fee
Late Arrival	\$50	Late Arrival	\$50
Same Date Cancellation	\$50	Same Date Cancellation	\$100
No Show	\$50	No Show	\$100

These policies allow us to maximize appointment availability for all of our patients, including your child. We appreciate your understanding.

Patient Last Name: _____ First Name: _____

Patient DOB: _____

Parent/Guardian PRINTED Last Name: _____ First Name: _____

Parent/Guardian Signature: _____ Date: _____