
ACKNOWLEDGEMENT and ACCEPTANCE of NO SHOW POLICY and COPAY POLICY
Effective January 1, 2007

NO SHOW POLICY

When a scheduled appointment cannot be kept, you must call at least 24 hours prior to the time of the appointment.

NO SHOW SERVICE CHARGE:

A \$25.00 service charge for any missed appointment will be billed to the guarantor of the patient(s).

Arbor Place Family Medicine schedules appointments to assure that you as a patient are allowed a space of time to be given the care you need. If you do not notify us that you are not coming, then we continue to keep that time for you when in fact we could probably give the appointment time to another person in need.

WITHDRAWAL FROM CARE:

Arbor Place Family Medicine will withdraw from care to ALL patients whose guarantor accumulatively has three(3) NO SHOW visits on their record. NO EXCEPTIONS.

COPAYMENT POLICY

Per your insurance policy, you are required to pay your office visit copayment at the time of service.

These charges are not billable to your insurance plan and you accept full responsibility for payment.

Patient's Name: _____ Date of Birth: _____
(Please Print)

Guarantor's Name: _____

Guarantor's Signature: _____ Date: _____