

MISSED APPOINTMENT POLICY

Pediatric Specialists of Virginia's goal is to provide excellent care to each patient in a timely manner. In order for us to deliver care in the most efficient and effective way, we ask that you inform us if you are unable to attend your scheduled appointment. Your notification allows us to better utilize available appointments for other patients in need of prompt medical care.

If it is necessary to cancel your scheduled appointment, **please call 703-876-2788**, **Monday-Friday**, **between 8:00am – 5:00pm**, **at least 24 hours before your scheduled appointment time.** Appointments are in high demand and your early cancellation will give another person the opportunity to have access to timely care.

We reserve the right to charge a fee for any scheduled visits that you:

- 1. cancel with less than 24 hour notice (late cancellation); and/or
- 2. fail to arrive on the designated time/date (missed appointment).

Late Cancellation/Missed Appointment Fee Schedule (fees are subject to change without notice)

New Patient Visit: \$50.00 Established Patient Visit: \$35.00

Ambulatory Surgery Center Visits

If you are scheduled to have a procedure in the Ambulatory Surgery Center, the following timelines and fees apply to late cancellation or missed procedure appointments:

- \$150 if canceled within 10 business days of the procedure
- \$250 if canceled within 24 hours of the procedure or fail to arrive on the designated time/date

If charged, you would be required to pay the fee **prior** to the start of your next scheduled visit. Fees will be your individual financial responsibility and cannot be billed to insurance.

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	Printed Name of Person Completing th	ie Form	
Signature:			
	Signature of Person Completing the Form		
Date:			
	Patient Identification		
If label is no	t available, please complete:		
Patient Nam	ne		
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