



APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your medical care to Pediatric & Adolescent Care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible. This gives us time to schedule other patients who may be waiting for an appointment. Please see our appointment cancellation/No show policy below.

- * Any patient who fails to show or cancels an appointment less than 2 hours before their appointment time will be charged a \$50.00 fee.
- * Continued No Show or cancellations with less than 24 hours' notice may be dismissed from Pediatric & Adolescent Care.
- * The fee is charged to the patient, not the insurance company.
- * As a courtesy, we send reminder texts 2 days prior to the scheduled appointment. If you do not receive a reminder text, the above policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our Practice Manager who may be able to waive the No Show fee.

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its term.

Signature (parent/Legal Guardian)

Date

Patient #:

S. Sandra Wan, M.D. F.A.A.P. • Don F. Zetik, Jr., M.D. F.A.A.P. • Jessica L. Keller, M.D. F.A.A.P. • Gabriel T. Griffin, M.D. F.A.A.P.
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