

ASPEN PEDIATRICS ADDITIONAL CHARGE'S POLICY

CANCELLATION NO-SHOW POLICY

Thank you for trusting us with the care of your child(ren). When you schedule an appointment with Aspen Pediatrics, we set aside enough time to provide you with the highest quality of care. Should you need to cancel or rescheduled an appointment, please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. 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 established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours of notice will be considered a No Show and charged a **\$50.00** fee.

- Any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours of notice that has an extended appointment time (30minutes) will be charged a **\$75.00** fee.

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 office immediately.

ADMINISTRATIVE FEE

There are times when a parent and/or guardian need the provider to complete paperwork or write a letter on behalf of their child(ren). While we are happy to take care of this, it takes time for the provider to review the chart and complete the request. Therefore, there is an additional charge of **\$25.00** for all paperwork and/or letters that the provider is to complete.

MEDICAL RECORDS FEE

While we typically don't charge patients of Aspen Pediatrics for medical records, if the patient(s) chart(s) are in our offsite storage facility, there will be a **\$15.00 retrieval and delivery fee**. We normally keep patient records onsite for five (5) years. Any patients that haven't been seen in our office for over five (5) years will have their medical records sent to our offsite storage facility. Additionally, any patients that have been discharged from the practice sooner than five (5) years will have their records sent to the storage facility.

I have read and understand the Additional Charges Policy and agree to its terms.

Date: _____

Signature (Parent/Legal Guardian)

Patient _____

Relationship to Patient _____