

**\*Important information. Please read entire page.\***

**VACCINE POLICY**

We are willing to work with parents who wish to NOT follow the vaccine schedule recommended by this office, the Centers for Disease Control, and children's research institutions around the U.S. However, understand that at EVERY visit you will be required to sign our Refusal to Consent to Child & Adolescent Vaccination form. **Failure to sign our Refusal to Consent to Child & Adolescent Vaccination form will result in termination of our provider-patient relationship.**

The vaccine waiver states:

- 1) That YOU are choosing which vaccines your child will not receive on that date.
- 2) That you are aware of the risks to your child's health.
- 3) The reason for refusing the recommended vaccines.

**WELL CHILD EXAM POLICY**

Seeing a child for only sick visits is not in the best interest of the child and leaves many issues unaddressed. **For this reason, it is our policy that to remain a patient in our practice you must stay current on your child's well child exams. This means being seen at least one time per year for an appointment that is specifically for a well child exam. For children younger than 2 years refer to our Well Child Exam & Immunization Schedule handout.** Failure to do so will result in termination of our provider-patient relationship.

**"NO SHOW" AND CANCELLATION POLICY**

In today's hectic world unplanned circumstances arise for all of us. We recognize this fact, but we respectfully request that you cancel your scheduled appointment within a minimum of 24 hours. It allows us to schedule more efficiently and reduce wait times.

If you do not cancel by the deadline you will be assessed a \$25 "No Show" fee. **Please be aware that the "No Show" fee is not covered by any insurance plans, including Medicaid/State of Michigan HMO plans, and you will be responsible for payment.**

Our aim is to open otherwise unused appointments and keep a timely schedule for our patients, not to collect missed appointment fees. Any appointment that is not kept or cancelled within a minimum of 24 hours in advance is considered a "No Show". If you (parent/guardian) fail to keep 3 appointments this will result in termination of provider-patient relationship. If you have any questions regarding this issue, please contact our office.

Remember, we want to take care of your child and if you have any circumstances beyond your control that has affected your ability to make it to your appointment please immediately notify our office of those circumstances as treating your child is our ultimate goal.

**FORM/IMMUNIZATION COPY FEES**

Please remember to bring any form (camp, sports, medication, school, etc) that you may need filled out to your child's appointment. We will fill out the form at the time of visit for no charge (with the exception on FMLA forms). There will be a fee (see front desk for price list) and a one week turnaround time for any form that needs to be filled out after the appointment time.

**PAYMENT POLICY**

Copays and deductibles are due at the time of service. All balances are due upon receipt. There will be a \$15 statement fee charged for each statement after the first statement. A 3% processing fee will be added to all payments made by credit card. Any balances over 90 days will be taken to small claims court.

**SIGN BELOW :**

**I acknowledge that I have read this document entirely and fully understand it.**

**Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_