

CANCELLATION 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 72 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 are:

- 1. cancelled with less than 72 hour notice; and/or
- 2. No call / No show

<u>Cancellation Fee Schedule</u>

Printed Name:

New Patients: \$50.00 Established Patients: \$35.00

If charged, you would be required to pay the cancellation fee **prior** to the start of your next scheduled visit. Cancellation fees cannot be billed to insurance.

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	Printed Name of Patient, F	Parent, Guardian or Personal Representation
Signature:		
	Signature of Patient, Parent, Gu	ardian or Personal Representative
Date:		
	Patient Identification	
If label is no	ot available, please complete:	
Patient Nar	me	
DOB:	MR#	