



Cancellation and Missed Appointment Policy

Pediatric Partners strives to provide the best care for all children. One of our main goals is to offer your family with a convenient and efficient health care experience.

We welcome “walk in patients” for acute illnesses, injuries and medical emergencies during our early morning **Kids Express** hours at our Palm Beach Gardens and Boca Raton locations. We also have availability for same day sick appointments throughout the day.

Scheduling Appointments

- To schedule an appointment please call the office at 561.741.0000.
- You may also schedule an appointment 24 hours a day, 7 days a week through our patient portal at www.pediatricpartners.com.

Cancellation and No-Shows

- If you cannot keep your appointment, please call our office during business hours or use the patient portal to cancel and/or reschedule your child’s appointment.
Patients who no-show or cancel on the same day for consultations, extended office visits, med checks and physical exams, will be charged a \$25.00 service fee. This fee is not covered by your health care plan, it will be charged directly to the patient.
- Unpredictable incidents and rare emergencies may occur resulting in a missed appointment or same day cancellation. If this is the case, we will be happy to work with you on rescheduling your appointment without a service charge.

Late Arrivals

To provide timely care to all families that have scheduled appointment times, patients who arrive more than 15 minutes late for their physical, office visit, behavioral health consultation or med check appointments may be asked to reschedule their appointment for a different day and time.

If your child is acutely ill or injured, your child will be seen. However, your wait time may be extended until we are able to accommodate your visit between other scheduled patients.

Our office sends out appointment reminders 48 hours prior to your scheduled appointment. Please confirm your preferred method of communication via your patient portal.

I pre-authorize Pediatric Partners to use the payment information (debit card and /or credit card) on file to charge for the applicable fees. If there is no payment information on file, I understand that I will be billed for the applicable fee.

I acknowledge that I have read and understand the above policy statement.

Patient Name

Signature of Patient (if 18 years or older)

Name of Authorized Individual

Signature of Authorized Individual

Relationship to Patient

Date

Thank you for choosing Pediatric Partners