

Laura Bruckner, M.D.
Andrew Krasnoff, M.D.
Helen Lederer, M.D.
Irwin Bruckner, M.D.
January 1, 2013

Cathy Marshall, M.D.
Alison Mann, M.D.
Sloane Sevrin, M.D.
Daniel Bruckner, M.D.

APPOINTMENT CANCELLATION POLICY

We appreciate that most patients make their appointments well in advance and show up on time, but not infrequently, families arrive very late, or do not show up at all for an appointment without prior notice. Lateness makes it difficult for other patients who have arrived on time to be seen as close to appointment time as possible. Not showing up at all wastes the doctor's time as well as using up an appointment time that another patient may have desired. To alleviate this problem, we have a policy in which we ask that any patient who cannot make it to an appointment cancel at least 24 hours prior to the scheduled time. **There will be a \$50 charge per patient who does not show up for an appointment without prior cancellation.** We understand that there are always extenuating circumstances so we will apply this policy judiciously.

By signing this agreement you acknowledge notice of our office policy regarding a \$50 fee charged for missed appointments and agree to accept the terms of this policy, regardless of the type of insurance plan you may have. Further, you are stating that you clearly understand your obligation to cancel appointments at least 24 hours in advance.

Patient's Name

Patient's Date of Birth

Parent or Legal Guardian's Name (printed)

Parent or Guardian signature

Date

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Procedures and Services Agreement

Insurance plans vary and patients are urged to familiarize themselves with the coverage and terms of their individual plans. We bill many different insurance companies, so it is impossible for us to keep track of which services are covered and which are not under each plan. Your plan may or may not reimburse for all the services we recommend. Our experienced billing staff will try to answer any questions, but ultimately, you are the one responsible to know if a particular service is covered by your plan. You have the right to refuse any offered service to check with your insurance company regarding coverage. **Please note that you will be financially responsible for the resulting charges for any services performed with your consent that are not covered by your insurance or applied to your deductible.** This policy applies to all labs, hearing, vision and developmental screens, diagnostic procedures, vaccines, medications and/or administration fees that we provide to our patients. Charges for services ordered by your doctor, whether performed in the office or at an outside facility that are not covered by insurance plans are the sole responsibility of the patient.

I understand the above policy. I know that I have the option to refuse any recommended service in order to check if my insurance plan covers that particular service. I agree to be solely responsible for the full cost of all services if not covered by my insurance plan, as well as the remaining balance if my insurance plan covers only a portion of the charges.

Signature

Date

Relationship to patient