

RINGGOLD PEDIATRICS P.C.

THOMAS D. HO, MD

7494 BATTLEFIELD PARKWAY,

RINGGOLD, GA 30736

PHONE: (706) 935-5437 FAX: (706) 935-5437

24 HOUR CANCELATION & "NO SHOW" FEE POLICY

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, Ringgold Pediatrics reserves the right to charge a fee of \$10.00 after 2 MISSED/NO-SHOW appointments or appointments not cancelled with 24-hour advance notice.

"No Show" fees are not covered by insurance and must be paid prior to your next appointment. Multiple "No Show" in any 12-month period may result in termination from our practice.

Thank you for understanding and for your cooperation as we strive to best serve the needs of our patients.

By signing below, acknowledge that you have received this notice and understand this policy.

Patient Name: _____ DOB: _____

Parent Name: _____ Date: _____

Signature: _____