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Dear West End Pediatrics, P.C. Families,

You are hereby required to give our office at least 24 hours' notice prior to your appointment time if you are unable to keep an appointment. This not only gives another patient the opportunity to be seen but also allows our support staff to utilize their time most effectively.

Appointments require time and preparation resources of both the physician and the support staff. Our schedule is designed to accommodate the needs of both our well and sick patients.

Any missed appointment will result in a \$75.00 fee charged to your account. We understand emergencies can come up. Please let us know immediately when you are unable to keep an appointment due to unexpected circumstances. For families who are chronic "no-shows" for appointments, you may be discharged from our practice.

We appreciate your understanding and acknowledgement of this policy.

Kind regards,

West End Pediatrics Management

Signature _____ Date _____

Family Name _____ Account # _____