



Appointment Agreement

Thank you for trusting us to be a partner in your child's health. We understand that you have a choice when selecting a pediatric provider for you and your family. It's an honor and a privilege to serve you. Our goal is to provide quality care in a timely manner to all patients. To enable us to better utilize available appointments, we have implemented an appointment policy.

Cancellation of an Appointment: Please call the office promptly if you are unable to attend an appointment. We ask that you call at least 24 hours in advance whenever possible. This allows us to reallocate the appointment time to another patient. Calling early in the day is also appreciated.

How to Cancel Your Appointment: To cancel appointments, please call 706-876-2130. Listen to the prompt carefully and select the option for "Appointments." You will then be connected to someone that can assist you.

No-Show/Missed Appointment Policy: A "no-show/missed appointment" occurs when a patient misses an appointment without calling 24 hours in advance to cancel. No-show appointments inconvenience other patients and our providers. All no-show appointments are recorded in the patient's chart.

Late Arrival to Appointments: In order to facilitate patient flow, we ask that you be on time to your appointment. Any patient arriving late 15 minutes or more after their scheduled appointment time is considered to be late and will be treated as a walk-in appointment. Walk-ins are seen by the next available provider, and some wait time should be expected.

By signing below, you agree that you have read, understood, and accept the terms of this Appointment Agreement.

Patient Name (Print) _____ DOB _____

Parent/Guardian Name: (Print) _____

Relationship to Patient: _____

Signature of Parent/Guardian/Patient: _____ Date _____