Tel: 407- 422 -2255
Fax: 407- 839 -4659

South Orlando Pediatrics, PLLC

Caring and loving children!

100 West Gore Street,
Suite 305,
Orlando, 32806

No Show / Cancellation Policy

We regret the need to implement the policy below, but we have had an increasing number of patients who fail to keep their schduled appointments. As a courtesy, we agree to confirm your appointment to your primary phone numebr two days before your scheduled appointment. You will at that time have an opportunity to cancel, confirm, or submit a request to have someone from the office contact you to reschedule. If you have schedule your appointment within 24 hours, you will not receive a confirmation call. The result of patients not canceling their scheduled appointment is that the physician is then unable to accommodate those patients with sudden medical problems that require medical intervention.

I hereby acknowledge that I am aware and accept the financial responsibility for fees assesed to my account for falling to provide a 24 hour cancellation notice of any schedule appointment at South Orlando Pediatrics.

The fee will be **$30.00** for a regular office visit and **$50.00** for annual physicals (well child checkup) payable by statement or my next schedule visit. I understand that this fee is not reimbursable by my insurance carrier.

Late Show Policy

Our provider do their best to keep appointments on schedule. Out of respect for patients who have arrived on time for their appointment, you may be asked to reschedule your appointment if you arrive later than your schedule appointment time. We will make every effort to honor your appointment as a “work in” appointment as the schedule allows. The policy is that new patients arrive 30 minutes prior to their scheduled appointment time and established patients arrive 5 minutes before their scheduled appointment time.

Telephone Calls

Any patients telephone call that requires complex medical advice will be charged according to the situation discussed.

Form Fee Policy

There will be a charge of $25.00 for any letters, FML papers etc. For Physical and Vaccine forms will be $5.00 each. For any Scripts that were giving to you like medication or labs, and you lose them there is a $5.00 fee all requested forms will be available within 48hrs after you have made a payment. Any form or letters regarding a emotional support animal will have a fee of $100.00.

I hereby acknowledge and accept the above Policy.

Parent’s Signature: . . . . . Date . . . . . .