



CANCELLATION POLICY

DEVELOPMENTAL-BEHAVIORAL PEDIATRICS
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Due to the considerable time allotted in the schedule for developmental-behavioral problems, Developmental–Behavioral Consultation appointments and Neurodevelopmental Testing appointments that are not kept or cancelled with less than **7 days** notice **FOR ANY REASON** will result in a charge of \$300.00.

All subsequent appointments not kept or cancelled with less than **48 hours** notice will incur a \$150 charge.

Calls for cancellations must be received during regular business hours. Calls will not be accepted by the after hours emergency answering service for cancellations. Monday appointments must be cancelled by 5pm the preceding Friday.

A credit card number or deposit of \$300.00 is required to which we will bill these charges if incurred.

All forms must be filled out completely and signed in order to schedule your appointment.

CHILD’S NAME: _____ **DATE OF BIRTH:** _____

PARENT’S SIGNATURE: _____ **Date:** _____

Credit Card to reserve your appointment time:

Type: (circle one) MasterCard or Visa

Name on Card: _____

Credit Card #: _____

Expiration Date: _____

CV # (3 letter code on back): _____

****We cannot schedule your appointment until we have received all 7 pages***

Upon receipt of **all 7 pages** our office staff will contact you to schedule your appointment(s)

Revised as of 5/1/09