



# Child and Adolescent Health Specialists, PC

DEVELOPMENTAL-BEHAVIORAL PEDIATRICS  
GENERAL PEDIATRICS

## PAYMENT and CANCELLATION POLICY

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Due to the considerable time involved with Developmental and Behavioral Appointments, our office has developed the following Cancellation and Payment Policy:

**Consultation and Testing appointment cancellations** require **5 days'** notice during regular business hours, or a charge of **\$300.00** will be incurred.

**Follow Up appointments with a Developmental-Behavioral Pediatrician** require **48 hours'** notice during regular business hours for a cancellation or a **\$150 charge** will be incurred.

**Behavioral Appointments (eg anxiety, depression, ADHD) with a General Pediatrician or Nurse Practitioner** require **48 hours'** notice during regular business hours for cancellation to avoid a **\$75 charge**.

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

An active credit card number is required to be kept on file with our PCI-compliant secure gateway, to which we will bill **all outstanding balances** which may include insurance deductibles, copayment/coinsurance, appointments missed or cancelled without required notice, insurance denials for non-covered services, partial payment, no referral or inactive insurance. A fee of \$25 will be applied to declined cards.

**Your signature below indicates that you authorize Child and Adolescent Health Specialists, PC to charge your credit card for patient balances as listed above. A receipt will be sent upon request once your payment has been processed.**

**An active credit card will need to be provided to our office 30 days prior to your first appointment for new patients. For current patients, an active credit card will need to be provided prior to scheduling your appointment.**

Cardholder's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card** to reserve your appointment time: Type: (circle one)    Master Card    Visa

Name on Card: \_\_\_\_\_ Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV # (3 digits on back): \_\_\_\_\_