

Appointment Policy Update

It is our intention to provide your children the best care possible at all times and to accommodate as many requests as is realistic and feasible. It is within this context that we ask you to take a few moments to review policies that affect the way services are provided at Happy Days Pediatrics.

- **Make sure the office has your updated insurance information.** If your insurance information changes, please let the office know as soon as possible by sending an email with a picture of the front and back of your new insurance card with the names of the affected children in the body or subject line of the email. If insurance information is not updated, your insurance may deny your claim. Last minute administrative updates may limit your time with the doctor, which we want to avoid.
- **Schedule an appointment by calling (210)-816-1330.** We currently do not offer walk-in appointments for our patients. Appointments are used on a first-available appointment basis. Please call ahead to find a time to schedule your visit.
- **Call ahead if you are late or unable to make your appointment time.** We will do all that we can to accommodate your child's appointment and to minimize the need to reschedule your appointment.
- **Late arrivals (>5 minutes after scheduled appointment) without notice given by the family will incur a \$25 Late Arrival Fee.** In the case of late arrival past 15 minutes, a no-show charge for the lost appointment will apply and the appointment will need to be rescheduled. Circumstances may or may not be able to accommodate the rescheduled appointment to be on the same day.
- **Not showing up to your appointment will incur a No-Show Fee of \$100.** Not showing up to an appointment deprives other patients from the availability of that time slot.
- **The no-show charge will be waived if you contact the office 1 business day before your appointment.** Cancellations inside of this window will incur a \$50 Cancellation Fee.

Overview of Fee Schedule:

\$25 Late Arrival Fee (>5 minutes after scheduled appointment without notice given by the family)

\$50 Cancellation Fee (Appointments canceled within the 1 business day window)

\$100 No-Show Fee

Patient(s) Name

X

Parent or Guardian Full Name

Parent/Guardian Signature

Date