

Vital Allergy & Asthma Center

ACKNOWLEDGEMENT OF MISSED APPOINTMENTS

It is our primary goal to provide you with quality medical care. We are concerned about the adverse effect that missed appointments could have upon the patient's health and continued medical care.

We have established some guidelines regarding missed appointments.

Each time a patient does not show up for their scheduled appointment without prior 24 hour notification there will be a \$25.00 fee charged to the patients account. If there is a pattern of repeated missed appointments, or non-payment of this fee, the patients' record will be reviewed and a determination will be made whether we can continue to provide you with medical care. Please make it your utmost concern to arrive to your appointment. If for some reason you are unable to keep your appointment, please call our office at 713-538-1240 immediately so we can help you reschedule your appointment and avoid any missed appointment fees.

I am aware of the new MISSED APPOINTMENT POLICY, and agree to comply with the request for advanced notice of a failed appointment and agree to make the payment of such fees.

Patient Name: _____ DOB: _____ DATE _____

Parent/Guardian

Date