



2001 N. MacArthur Blvd. Suite 335
Irving, TX. 75061

Tel: (214) 716 – 7573

Fax: (888) 657 - 4737

Name: _____ Date of Birth: _____

SKC MISSED APPOINTMENT POLICY:

We partner with our patients to provide them with the best possible medical care. Consistent attendance to your appointments is crucial to support your health journey.

PLEASE NOTE:

- *Insurance companies do not pay missed appointment fees.
- *Being 10 minutes late for your appointment, will be considered a missed appointment.
- *Same day appointment change is considered a missed appointment.

- **Missed Appointment Fee:** A minimum of **\$50 fee** will be applied to your account each time you miss an appointment for a maximum of 2 times.
- **Termination from the practice:** Repeat missing of scheduled appointments, failure to schedule necessary follow-up appointments, not taking medications as prescribes, or repeated negligence of required lab tests prior to appointments may result in termination from the medical practice to reduce risk to yourself and our practice. We will assist, in every way possible, with the safe transfer of medical care to another practice.

By signing below, I acknowledge that I have read and understood the appointment non-adherence policy and the associated penalties.

Patient's Signature: _____ Date: _____

Print Name: _____

Guardian's Signature (if applicable): _____

Print Name/Relationship: _____ Date: _____

Please ask for a copy of this form if you wish to keep for your records.