

Donna Yeiser, MD



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Cancellation Policy

It is the policy of Columbus Pediatric Associates to charge for no-show appointments. If your child has an appointment for:

<u>Appointment type</u>	<u>No-show fee</u>	<u>Notice required</u>
Sick Visits	\$25.00	Before 9am on Appt. Day
Well Child Checkup	\$40.00	24-hour notice
ADD/ADHD	\$50.00	24-hour notice

I, _____, have been informed of the above policy and understand this account will be billed the no-show charges as listed above if the required cancellation notice is not given. This fee is not payable by your insurance company and will be billed directly to the patient's account.

Patient Name(s) (please print) Date

Parent/Guardian Signature

Date
