



PEDIATRIC ASSOCIATES OF ORLANDO, PA

NOTICE TO ALL PARENTS

NO SHOW POLICY

Effective June 1, 2006

THERE WILL BE A **\$50.00 FEE** IF THERE IS A "NO SHOW" OR CANCELLATION
ON SAME DAY SICK APPOINTMENTS.
ALL FUTURE APPOINTMENTS REQUIRE A 24 HOUR CANCELLATION NOTICE
PRIOR TO THE APPOINTMENT OR A \$50.00 FEE WILL APPLY.

TELE- CARE CALL POLICY

EFFECTIVE NOVEMBER 1, 2007

ALL CALLS AFTER NORMAL BUSINESS HOURS REQUESTING MEDICAL ADVICE WILL BE
REFERRED TO THE ARNOLD PALMER'S TELE-CARE NURSE PROGRAM.
THERE IS A \$15.00 FEE PER CALL.

AFTER HOURS CARE

AS A CONVENIENCE, WE ARE AVAILABLE FOR EMERGENCY SICK VISITS
DURING EVENINGS, ON WEEKENDS, AND ON HOLIDAYS.
PLEASE BE ADVISED THAT THERE IS AN ADDITIONAL FEE FOR THIS SERVICE
WHICH MAY NOT BE COVERED BY YOUR INSURANCE.

THANK YOU.

PATIENT NAME: _____

CHART: _____

SIGNATURE: _____

DATE: _____