



CHILDREN'S SPECIALTY GROUP, PLLC

PRE-PAYMENT FORM

It is very important that you show up for your testing appointment. These are lengthy and extensive appointments that can take up to four hours. It is imperative that you keep your scheduled testing appointment with us and arrive on time.

We have a significant wait list of patients waiting to be scheduled. If for any reason, you are not able to make your testing appointment, please contact the office at least 48 hours prior to your appointment to reschedule. This will allow us the opportunity to accommodate other patients who are waiting for an appointment.

As a courtesy we send email, phone call and text message appointment reminders prior to your scheduled visit. You must confirm 3 days prior to your appointment or it will be cancelled.

We will require a \$100 pre-payment to schedule your testing appointment. We will place a pre-payment on your credit card. This will occur within 30 days of your scheduled testing appointment. If you do not cancel or reschedule your appointment with at least 48 hours' notice, the pre-payment amount will be processed as a "no show" payment. You will also be placed at the end of the wait list, if you wish to reschedule.

Your \$100 pre-payment will be cancelled, i.e. not charged to your credit card, if:

- Checked in for your scheduled testing appointment
- Canceled 48 hours prior to your scheduled testing appointment

This no show payment is not reimbursed by your insurance company.

By signing this letter and your credit card information, you understand the “no-show” pre-payment policy of the Developmental Pediatrics division and agree to be charged \$100.00 for any no-show or cancellation less than 48 hours prior to the scheduled testing appointment. I understand that I must cancel or reschedule any appointment at least 48 hours in advance in order to avoid a potential pre-payment no-show charge to the credit card provided.

Patient Printed Name

Patient Date of Birth

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date Signed