

Dear Parents,

We would like to take this opportunity to thank you for choosing Milestone Pediatrics as your child's healthcare provider. Our goal is to provide quality care to our patients in a professional and efficient manner. As of January 1, 2006 we have implemented a few new changes. We have implemented three (3) new policies. They are as follows:

Late Policy

- You are considered late if you arrive 15 minutes after your scheduled appointment time and you have not called at least one hour before to reschedule.
- If you call to reschedule your appointment, you will be given the next available appointment. This may not necessarily occur on the same date as the original appointment.
- You will receive up to three (3) warnings for late arrivals. If you are late a fourth time you will be assessed a fee of \$25 payable at the time of your visit. This fee must be paid before your child is seen.
- If you receive a total of five late warnings, you will be dismissed from the practice. We will notify your insurance carrier.
- If your insurance carrier does not allow Milestone Pediatrics to assess a late fee, you will be dismissed from the practice after three (3) late warnings. We will notify your insurance carrier.

No Show Policy

- You are considered a no show if you do not arrive for your scheduled appointment or you do not call to reschedule at least 24 hours before your appointment time.
- If you are a no show for an appointment you will be assessed a fee of \$25 at your next visit.
- After three (3) no shows, you will be dismissed from the practice. We will notify your insurance carrier.
- If your insurance carrier does not allow Milestone Pediatrics to assess a no show fee, you will be dismissed from the practice after two (2) no shows. We will notify your insurance carrier.

Collections Fees

I/We certify that all information on the patient information sheet is true and complete to the best of my knowledge. I/We agree to pay any and all amounts that are not covered by my insurance company. I/We understand that all copay and non-covered service payments are due at time of service. I/We further agree to pay all costs of collection, including costs of a collection agency if the account is turned over to a collection agency, and including 15% attorney's fees and court costs in the event the balance is turned over to an attorney.

By signing below you agree that you have read and you understand all parts of Milestone Pediatrics new policies.

Parent/Guardian Signature

Date