



WATERTOWN PEDIATRICS, PC

NORTH COUNTRY MEDICAL CENTER
1571 WASHINGTON STREET, SUITE 107
WATERTOWN, NY 13601
PHONE: 315.782.7330
FAX: 315.782.5773

Cancellation/No Show Policy

Please read and initial next to each of the policies below, sign & date the bottom.

___ In the event an appointment is missed (No-Show) a fee of \$25.00 will be billed to the patient's account.

___ **Three (3) consecutive missed appointments within a 12 month period will result in a patient being discharged from the practice.**

ALL FEES WILL BE CHARGED DIRECTLY TO THE PATIENT'S PERSONAL ACCOUNT, AS INSURANCE COMPANIES DO NOT COVER THESE FEES.

Patient Name

Patient Name

Patient Name

Patient Name

Signature of Patient/Parent/Guardian

Relationship (if patient is a minor)

Date