



1224 Thomasville Court, Garland, TX 75044  
Phone: 972-414-CUTE (2883) ~ Fax: 972-414-LOVE (2856)

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**NO-SHOW, LAST MINUTE CANCELLATION  
& LATE ARRIVAL POLICY**

Quality care for our patients is our top priority. No-shows, excessive last-minute cancellations, and late arrivals have a negative impact on the efficiency of our practice, can potentially jeopardize the health of our patients, and is a disruption to the patient flow and scheduling availability. If you must cancel your appointment, we kindly request that you provide advance notice, during business hours, so we can offer the time slot initially reserved for your child to another family that needs it. We understand that circumstances may sometimes prevent families from being able to extend advance notice when canceling appointments. For this reason, we will extend a one-time No-Show fee forgiveness for the 1st missed appointment, per family.

**THE FOLLOWING ARE CONSIDERED  
NO-SHOW, LAST MINUTE CANCELLATION AND LATE ARRIVALS  
AND ARE SUBJECT TO A \$50 FEE**

- Any pre-scheduled appointment that is not canceled with 24 hours advanced notice or no less than 4 hours advanced notice.
- Any appointment that is scheduled on the same date of service that is not canceled with a minimum of 2 hours' notice.
- Any late arrival of more than 10 minutes and the patient is consequently unable to be seen, resulting in a missed appointment.

**A \$50 no-show fee will be charged to the patient's account for any missed appointment.**

No-show fees will be assessed per patient. If you have multiple patients scheduled, each patient will be subject to a no-show fee. You may also be restricted from scheduling multiple patients together in the future. These fees are not payable by your insurance company and must be paid in full, by you, prior to your next office visit. **If your insurance restricts patient responsibility for no-shows, we may dismiss you from the practice after two no-shows.** Pediatrics at Murphy Road believes that with strong communication, understanding, and mutual respect, we can ensure that every child has access to quality care and we trust that you will be here for the time we scheduled just for your child.

- THANK YOU -

\_\_\_\_\_  
Printed name of parent/guardian/patient

\_\_\_\_\_  
Signature of parent/guardian/patient

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Today's Date



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## Financial Policy

*Please read this Financial Policy in its entirety so that you fully understand your financial responsibility.*

**Payment is due in full at the time services are rendered.  
This includes copays, deductibles, and coinsurance portions.**

Pediatrics at Murphy Road is committed to providing your child/children the best medical care possible. In order to achieve this goal, we want to give you a clear understanding of your financial responsibility with respect to services provided in our office. Your complete understanding of your financial responsibilities is essential; it takes a team that includes patient/parent participation, to succeed with insurance processing and reimbursement. Failure by the insurance company to pay for services results in the balance being transferred to the patient for payment.

Charges incurred for services rendered are the patient's responsibility regardless of insurance coverage. Your insurance coverage is a contract between you and your insurance company, not your insurance company and us. We will file your primary and secondary insurance as a courtesy. Please realize that having secondary insurance does not necessarily mean that your services are covered 100%. Secondary insurance typically pays according to a coordination of benefits with the primary insurance. It is your responsibility to provide us with accurate insurance information and to inform us of any changes in your coverage, as they occur. It is also your responsibility to complete coordination of benefits in a timely manner to ensure that services are paid. If you fail to do so, the balances incurred will become your full responsibility.

You are responsible for all copays, coinsurance, deductibles, and non-covered services. We are obliged to collect your copay, deductible, and coinsurance at the time of service per office policy and contract with your insurance company. We accept cash, credit, and debit cards only. We do not accept checks. Statements are sent out monthly, and we ask that balances due be paid when you receive your statement or at your next appointment, whichever is sooner. Patient payments are typically applied to the oldest balances first. Balances not paid within 90 days will be turned over to an outside collection agency unless prior payment arrangements have been made.

**- THANK YOU -**

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Today's Date