



655 Walnut Street, West Reading, PA 19611
Mailing Address: PO Box 6946, Reading, PA 19610-6946
Phone: 610-372-9222 Fax: 610-372-0232 Email: info@aacpp.com Website: www.aacpp.com

Missed Appointment Policy

If, for any reason, you find that you cannot make a scheduled appointment, we require 24 hours notice for cancellation. We will be happy to reschedule your appointment when you call to cancel.

If you do not call to cancel an appointment prior to the appointment, it will be marked as "Missed". After three (3) missed appointments, your family may be dismissed from your practice. Should this happen, you will be notified via Certified Mail, with a copy sent to your insurance company.

When we notify the insurance company, they will remove your child from our panel. You will be responsible for calling the insurance company if you need help finding another doctor.

We will remain available to see your child, for emergencies only, for thirty (30) days from the date of the letter sent.

I acknowledge that I have read and/ or received a copy of the "Missed Appointment Policy"

Parent/ Guardian Signature

Date

Names of Children in Family: _____

Practice Signature

Date