Plainsboro Pediatrics

**No-Show and Cancellation Policy**

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, Plainsboro Pediatrics of Plainsboro NJ reserves the right to charge a fee of $75.00 for all missed appointments (“no shows”) and appointments which, absent a compelling reason, are not cancelled with a 24-hour advance notice. “No Show” fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment. Multiple “no shows” in any 12 month period may result in termination from our practice. Thank you for your understanding and cooperation as we strive to best serve the needs of all of our patients.

By signing below, you acknowledge that you have received this notice and understand this policy.

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Printed Name of Patient, if under 18 years of age Date

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Printed Name of Parent or Legal Guardian

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Signature of Parent or Legal Guardian