

Cancellation & Missed Appointment Agreement

We make every effort to ensure you get the best care in treating your child's reflux. For us to manage all our clients we want to create a fair expectation for you and our providers.

Please read and agree to the cancellation and missed appointment agreement prior to scheduling. If for any reason you do not agree, do not sign this or any other forms and we will refund you in full (minus the PayPal fees only - \$25).

1. I authorize Infant Acid Reflux Solutions to schedule an appointment on my behalf to connect with one of their expert providers that specialize infant GERD.
2. I understand that my obligation to the practice is that I attend all scheduled appointments and will adhere to all cancellation policies outlined below.
3. If I am not able to adhere to the cancellation or missed appointment policy, my appointments will be considered a missed and the following fees will apply.
 - A failure to schedule appointment: If after 2 weeks of attempts to schedule my appointment with no follow up on my part, the administrative team will refund my payment, minus the administrative fee of \$50.
 - If I fail to notify the practice of my inability to attend my appointment 4 hours prior to my scheduled appointment, I understand that there is a forfeiture of \$150, a refund of the balance will immediately be issued after the missed appointment. If I choose to reschedule, a new payment must be submitted to execute a new appointment.
 - A failure to attend my appointment with no prior notification or request to reschedule will be an automatic forfeiture of my payment in full and if a new appointment is desired, I will need to submit a new payment for an appointment.

I understand that the time of the providers is equally as important to mine and agree to be respectful of that time by connecting with the support team about any changes to my schedule in a timely basis so they can provide me alternatives promptly to get care for my child.

If the patient is a minor, a parent of legal guardian must sign.

Name of Patient

Name of Parent or Legal Guardian

Relationship to Patient

(Parent or legal Guardian Print)

Signature

Date