



Wakefield Pediatrics
Boston Children's
Primary Care Alliance

15 Richardson Avenue, Wakefield, MA 01880
781-245-2203 | fax 781-245-7303
wakefieldpedi.com



Wakefield Pediatrics Credit Card Agreement and No-Show Policy

We schedule our appointments so that each patient receives the right amount of time to be seen by our physicians. That's why it is very important that you keep your scheduled appointment with us and arrive on time.

If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you, and accommodate those patients who are waiting for an appointment.

Wakefield Pediatrics will charge a No Show Policy for **WELL VISITS**. No Shows (with no call) will assess a fee of **\$50.00**.

- I understand the "No show" policy for Wakefield Pediatrics and agree to provide a payment of **\$50.00** for any no show for a scheduled WELL VISIT which will be applied to the credit card on file.
- **I give permission to Wakefield Pediatrics (Elena Gorlovsky MD PC) to charge my credit card upon failure to comply with the above policy.**

We appreciate you for making every effort to communicate any issues you have in keeping your scheduled appointments and we will provide the same communication should we need to reschedule your appointment for any reason. We truly value you as our patient and look forward to continuing to serve you.

Print Patient Name: _____

Patient/Parent/Guardian Signature: _____

Date: _____