



Kids' Medical Care
Diana McLaughlin, MD
 2336 Immokalee Road
 Naples, FL 34110
 239-591-8481
 239-596-0212 (FAX)

Name: _____
 MR#: _____
 DOB: _____
 Date: _____

OFFICE POLICIES

ALL OFFICE VISITS ARE BY APPOINTMENT ONLY.

ALL WALK-IN PATIENTS MAY BE SEEN AT KMC'S SOLE DISCRETION.

ALL CANCELLATIONS MUST HAVE AT LEAST ONE BUSINESS DAY'S NOTICE.

CANCELLATIONS WITHIN 6 HOURS OF APPOINTMENT TIME IS A NO SHOW

SAME DAY CANCELLATION or NO SHOWS = **\$15.00 FEE**

SAME DAY CANCELLATION or NO SHOWS (WELL PHYSICAL) APPT = **\$20.00 FEE**

CANCELLATIONS OF NEW PATIENT APPT OR URGENT APPT = **\$40.00 FEE**

ARRIVING MORE THAN 15 MINUTES LATE MAY RESULT IN NO SHOW APPT FEE.

PATIENTS WITH 3 MISSED APPTS MAY BE DISCHARGED FROM THE PRACTICE.

ALL PAYMENTS INCLUDING BALANCES, CO-PAYS AND DEDUCTIBLES ARE DUE PRIOR TO OFFICE VISIT.

PATIENTS MAY RECEIVE ONE DH 3040 SCHOOL PHYSICAL FORM ANNUALLY.

ADDITIONAL DH 3040 SCHOOL PHYSICAL FORMS = **\$5.00 FEE EACH**

ALL OTHER FORMS (except DH 680) = **\$10.00 FEE EACH**

ALL LETTERS = **\$40.00 FEE AND UP**

PATIENT REQUESTS FOR MAILING WILL INCUR A **\$1.00 FEE and up.**

REQUEST FOR COPIES OF MEDICAL RECORDS WILL BE CHARGED PURSUANT TO
 F.A.C. 64B8-10.003.

NO PATIENT INFORMATION WILL BE FAXED WITHOUT PROPER WRITTEN CONSENT.

REQUESTS FOR RX REFILLS; IMMUNIZATION FORMS; SCHOOL PHYSICAL FORMS;
 OR SCHOOL EXCUSES WILL REQUIRE 24 HOURS NOTICE.

ANY PATIENT WHO DEFACES OR DISRUPTS THE OFFICE WILL BE DISMISSED.

THE OFFICE MAY BE UNDER VIDEO AND AUDIO SURVEILLANCE.

I certify that I have received notice of the above information. I agree to abide by the above policies. Kids' Medical Care policies are subject to change without notice.

Date: _____

Parent/Legal Guardian Print: _____

Sign: _____