



Your Best Health

Pediatrics & Adults
20 Hughes Road, Suite 101
Madison, AL 35758
Phone: 256-325-1011
Fax: 256-325-1012

Appointment Cancellation

Our goal is to provide quality health care to all our patients in a timely manner. No-shows, late arrivals, and cancellations inconvenience not only our providers, but other patients as well. When you book your appointment, you are holding a space on our calendar that is no longer available to our other patients. To be respectful of your fellow patients, please call Your Best Health (256-325-1011) at least **24 hours** in advance. Appointments are in high demand, and your advanced notice will allow other patients to have access to that appointment time.

Late Cancellations/No-Shows

A cancellation is considered late when the appointment is canceled less than **24 hours** before the appointed time. A no-show is when a patient misses an appointment without canceling. In either case, we will charge the patient a **\$50** missed appointment fee. ***Three No Call/No Show's in 12 months will result in dismissal as a patient from YBH.** Late Arrival to your appointment 15 minutes or greater counts as a late cancellation.

Insurance

If a patient utilizes insurance for medical services at YBH, a valid card must be presented at the initial visit. It is up to the patient to inform YBH of any insurance changes. **All co-pays must be paid on the day of service. If you prefer to pay for services in cash, payment is due when services are rendered.** Checks are not accepted as a form of payment.

Clinic Needs

If you have a life-threatening or emergency need, please call 911 or go to your nearest emergency room. If you have a question for one of the team members at YBH, please call 256-325-1011. If you do not receive an answer, we are taking care of other patients and will call you back as soon as we can. Please leave a voicemail message. We will return all messages by the next business day.

This is an agreement between you (the patient or responsible party of the patient) and Your Best Health, Pediatrics and Adults. By signing this agreement, you agree to abide by all policies and procedures outlined.

Name: _____

(PRINT NAME AND RELATIONSHIP PLEASE, FOR EXAMPLE SELF OR MOTHER/FATHER)

Signature: _____ Date: _____

Witness: _____ Date: _____