

ADDENDUM TO FINANCIAL POLICIES FOR MEDICAID PATIENTS

I _____ THE PARENT/GUARDIAN OF _____
UNDERSTAND THAT IT IS THE POLICY OF TENDERCARE PEDIATRICS TO
DISMISS PATIENTS FROM THE PRACTICE IF PATIENT MISSES THREE
APPOINTMENTS WITHOUT NOTIFICATION DURING A ONE YEAR PERIOD.
THIS POLICY IS NECESSARY BECAUSE THIS PRACTICE PREFERS NOT TO
DOUBLEBOOK PATIENTS. THIS ENSURES THAT PATIENTS ARE SEEN IN A
TIMELY FASHION.

SIGNATURE OF PARENT/GUARDIAN

DATE