



Appointment Agreement

PAYMENT POLICY:

Our team at West Michigan Foot and Ankle PLLC are committed to keeping you well-informed about your available financial options. We ask that insurance co-pays or out of pocket percentages are paid at the time of service. We accept cash, checks, and all major Credit Cards. If you have any questions about your expected out of pocket or our financial options, please contact our office before your appointment.

APPOINTMENT CONFIRMATIONS:

We require confirmation at least **2 business days** prior to scheduled appointments to ensure we can honor your appointment. Confirmations can be made via response to our appointment communications through email, text, or phone call.
DO NOT CONFIRM and call us to reschedule if you have had symptoms of illness within 14 days of the appointment.

MISSED APPOINTMENTS:

If you are unable to keep your appointment, please contact our office at least 48 hours in advance so that we may accommodate other patients. We understand circumstances and emergencies do arise that are beyond control and we will happily work with you should this happen. However, repeated missed appointments not only jeopardizes your health but will result in a missed appointment fee of \$25.00. If multiple failed appointments occur, we will still see you at our practice. However, due to your attendance record we will not be able to reserve a timeslot at our office for you. This means we can schedule you on a same day basis.

PATIENT SIGNATURE(S):

I have read this form and I understand it. All my questions have been answered.

TIME: _____ AM/ PM DATE: _____ PATIENT SIGNATURE: _____

PATIENT IS UNDER 18 YEARS OF AGE OR UNABLE TO CONSENT BECAUSE: _____

TIME: _____ AM/ PM DATE: _____ PARENT/LEGAL GUARDIAN/PATIENT ADVOCATE/

NEXT OF KIN SIGNATURE: _____

PRINTED NAME: _____