



## 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, including Care Credit. 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 **1 business day** 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 are feeling ill. We understand that illness is uncontrollable, and we will work with you to reschedule you in a timely manner.

### 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 work with you should this happen. Missed appointments for any reason other than emergencies will result in a fee of **\$50.00** which will be required to be paid prior to being seen in the office again. Multiple failed appointments may result in dismissal from the clinic.

### PATIENT SIGNATURE(S):

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

TIME: \_\_\_\_\_ ☐ AM/ ☐ PM DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### IF YOU ARE A PARENT/LEGAL GUARDIAN/PATIENT ADVOCATE/ NEXT OF KIN SIGNING FOR THE PATIENT:

☐ PATIENT IS UNDER 18 YEARS OF AGE

☐ PATIENT IS UNABLE TO CONSENT BECAUSE: \_\_\_\_\_

PRINTED NAME OF PARENT/LEGAL GUARDIAN/PATIENT ADVOCATE/ NEXT OF KIN: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_