

Cancellation & No-Show Policy

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We at Giombetti and Brady Pediatrics are committed to providing you and your family with the best care possible. When we schedule appointments, we set aside time and professional resources to meet the individual needs of our patients for a physical, one-on-one consultation, or a sick appointment. When a patient fails to show up for an appointment, or fails to cancel at least 24 hours in advance, our valuable office resources are not being used as they are intended. More importantly, a patient care opportunity is missed.

We understand that there are occasions when a patient must reschedule or cancel an appointment. In this event, we ask that you call our office and cancel at minimum 24 hours in advance of the scheduled visit. This courtesy allows our staff to schedule another patient who is also in need of medical care. If we do not receive a call before 4:30 PM on the business day before your appointment, this will be considered a no-show, and there will be a \$50.00 charge.

The cancellation and no-show fees are the sole responsibility of the patient and must be paid before the patient's next appointment.

Our practice firmly believes that a good physician / patient relationship is based upon understanding and good communication. Questions about cancellation and no-show fees should be directed to the Billing Department at (518) 439-5611.

Please sign below to confirm that you have read, understand, and agree to this Cancellation and No-Show Policy.

PATIENT NAME (PLEASE PRINT)

DATE OF BIRTH

SIGNATURE OF PATIENT / PATIENT REPRESENTATIVE

DATE