



Appointment Agreement

Payment Responsibility

I agree to pay for services and/or supplies incurred at the rate indicated on the Family Healthcare Fee Schedule. Failure to comply with this agreement may jeopardize my ability to continue receiving services at the Platte County Health Department – Family Healthcare Clinic.

Appointment Courtesy

Our goal is to provide quality individualized medical care in a timely manner. No-shows, late shows and cancellations inconvenience those individuals who need access to medical care.

Cancellation of an Appointment

In order to be respectful of the medical needs of other patients, please be courteous and call the clinic promptly if you are unable to show up for an appointment. We ask that you call at least 24 hours in advance.

Patients, who schedule and then do not keep 3 appointments, within a year, may jeopardize your ability to be seen in a timely manner. Patient will be counseled upon 3rd No-Show with future appointment options.

I have read and understand the above agreement.

Signature of Responsible Party

Date

Witness

Date