

Arlington Pediatrics, Ltd.  
3325 N. Arlington Heights Road  
Suite 100A  
Arlington Heights, Illinois 60004



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Dear Arlington Pediatrics, Ltd. Families,

Effective January 1, 2012 you will be required to give our office at least 24 hours notice prior to your appointment time if you are unable to keep an appointment. This not only gives another patient the opportunity to be seen but also allows our support staff to utilize their time most effectively.

Appointments require time and preparation resources of both the physician and the support staff. Our schedule is designed to accommodate the needs of both our well and sick patients.

Any missed appointment will result in a \$50.00 fee charged to your account. We understand emergencies can come up. Please let us know immediately when you are unable to keep an appointment due to unexpected circumstances.

We appreciate your understanding and acknowledgement of this policy.

The Doctors of Arlington Pediatrics, Ltd.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Name \_\_\_\_\_ Account # \_\_\_\_\_