



MRN: _____

Welcome to Our Practice

Patient Name: _____ Date of Birth: _____

Thank you for choosing Rocky Mountain Health Centers Pediatrics for your child’s healthcare needs. Our goal is to provide the best care for your child, which requires communication, understanding and mutual respect. Your participation in the process identified below is essential for us to accomplish this goal. Please take a moment to read and get familiar with our practice policies. Initial each policy as you read them.

Initial

SCHEDULING: Same day appointments are available for urgent needs, but are limited. To schedule a same-day appointment, please call at 8:00 A.M. Pre-scheduling options are available for non-urgent and well child check appointments. We recommend scheduling well checks 1-2 months in advance to ensure availability.

CANCELLATION: To cancel an appointment, you must call 24 hours in advance for a prescheduled appointment and at least 2 hours in advance for a same day appointment. Appointments cancelled without the appropriate notice will be considered a “no-show”.

ARRIVAL TIME: Plan to arrive at least 20 minutes before your first appointment and 10 minutes before all subsequent appointments. Late arrivals (10 minutes or later) may be offered a later appointment if available or you may be asked to reschedule. A rescheduled late arrival will be considered a “no-show”.

NO-SHOW: A rescheduled late arrival, appointments cancelled without 24-hour notice or not showing up for your scheduled appointment is counted as a “no-show”. After 2 “no-shows” you will receive a letter stating that you will not be able to schedule double appointments or Saturday Physicals. Any subsequent “no shows” may lead to discharge from the practice.

BEHAVIOR STANDARD: We strive to provide a safe environment for our children, families, and staff. When in the clinic it is important to speak, and behave in a manner that is respectful of the eyes and ears of everyone present. This respect should also be maintained when communicating on the phone. Inappropriate behavior may result in being discharged from our practice. If you have any questions or concerns, please request to speak with the clinic manager.

To best serve you, we must have a primary phone number as well as a secondary backup number. The secondary number will be used to address your child’s healthcare needs if we cannot reach you at your primary number. Your personal information is kept confidential and is never provided to a third party without your consent.

Primary Phone Number: _____ Secondary Phone Number: _____

Print Name: _____ Relationship to Patient: _____

Signature: _____ Date Received: _____

