

SANFORD PEDIATRICS, P.A.
PATIENT CARE POLICIES

Sanford Pediatrics believes every child deserves good quality healthcare. In order to provide the best care for all children the physicians and parents must work together. We have provided our patient care policies regarding our practice and care of our patients. We look forward to providing the best possible care to our patients.

I, _____ acknowledge that I have been given a copy of Sanford Pediatrics' Patient Care Policies. My **signature and initials by each area** acknowledge that I am aware of my responsibilities as a patient (or guarantor of a patient) of Sanford Pediatrics and agree to abide by these policies. These policies can also be found on our website at sanfordpediatrics.com. I also understand that failure to adhere to these policies may result in dismissal from the practice at the discretion of the physicians.

_____ Payment Policy

_____ Circumcision Policy

_____ Vaccine Policy

_____ No Show Policy

_____ Well and Sick Combination Visits

_____ Form Completion and Prescription Refill Requests

_____ Patient Privacy Policy

Patient Name: _____ Chart #: _____

Signature: _____ Date: _____

(Patient or guardian if minor)