



Blue Sky Pediatrics  
Asheville

5 Walden Ridge Drive  
Asheville, NC 28803  
(828) 687-8709 phone  
(828) 687-0252 fax

**CONSENT TO BE TREATED**

We assume the **parents give consent for the child's escort to authorize any care** that is provided on the day of the child's visit. We will not individually call the parent/guardian if someone else brings the child in to be seen. If the parent does not accompany the child, the parent is still financially responsible for the balance owed for that day.

**NO SHOW POLICY**

In order to provide timely patient care, we ask that patients notify the office if unable to keep your scheduled appointment time. This policy has been developed in order to provide same day appointments for those who are sick and need to be seen. If someone makes an appointment and then does not show, we have then lost an available appointment that could have been used for a sick child.

We need to inform you that **after three no-shows, your child can be dismissed** from Blue Sky Pediatrics Asheville.

**BEING LATE FOR APPOINTMENTS**

In order to avoid longer than necessary wait times for our patients, we cannot assure you that your child will be seen **if you arrive more than 15 minutes past your appointment time**. If you arrive more than 15 minutes past your appointment time, we may offer you a different appointment for the same day, if we have one available, or you may need to reschedule the appointment for a different day.

Also, if you arrive more than 15 minutes early for an appointment, please understand that we will try to work you in sooner if the schedule allows us to. We cannot guarantee that your child will be seen any earlier than their scheduled appointment time.

Please sign below as affirmation that you have read and understand Blue Sky Pediatrics Asheville's policy regarding no shows and arrival times.

Parent/Guarantor Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Child/Children's Names with Birthdates \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_