64-05 Yellowstone Blvd CFU 101 Forest Hills NY 11375 Tel: 718-896-3376 Fax: 718-795-1005

DECLARATION OR AGREEMENT REGARDING MISSED OR CANCELLED APPOINTMENT FOR:

MICHAEL PALTIEL MD
ZINA GOLDVEKHT PA
ALEKSEY BABAKHANOV NP
ELLA ARCHIBALD NP

Patient Name:_____ Date of Birth:_____

I understand and agree to the following:

I understand that it is my responsibility to notify Adult and Pediatric Dermatology **24 hours** prior to the scheduled appointment if I am unable to keep the scheduled appointment.

I understand and agree that **I will be billed the contracted rate of $25** in the event that I miss the appointment or fail to change it 24 hours prior to the scheduled appointment.

Японимау, что в случае, если я не смогу прийти на назначеный апоинтмент к доктору вовремя я обязан предупредить офис заранее как минимум за 24 часа.

В противном случае я буду обязан уплатить неустойку в размере 25 долларов.

_____ _____

Signature of Patient or Parent Date