

Ravenswood Pediatrics – Dr. Todd Ochs  
1945 West Wilson Street, Suite 6116  
Chicago, IL 60640  
872-208-6257

**CANCELLATION/NO SHOW POLICY**

We understand there may be times when you miss an appointment due to emergencies or obligations to work or family. However, we urge you to call 24- hours prior to canceling your appointment.

I have read and understand the above information, and I agree to the terms described:

Patient/Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SELF-PAY**

I do not have health insurance and will be responsible for services rendered here at Ravenswood Pediatrics. I agree to pay Ravenswood Pediatrics, the full and entire amount of treatment given to me or to the above named patient at each visit.

Patient/Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_