



# ORLANDO IMMUNOLOGY CENTER

Edwin DeJesus, MD, FIDSA, Medical Director • Federico Hinestrosa, MD, FIDSA • Charlotte-Paige Rolle, MD • Michael Seibert, MD  
Terry Wilder, APRN • Jeffrey Garrett, APRN • Stephanie Skipper, APRN • Angela E'akels, APRN • Phillip Maxwell, PA-C

## Late Arrival Policy

Effective: January 1<sup>st</sup>, 2024

At Orlando Immunology Center, our commitment to providing you with exceptional healthcare is unwavering. We appreciate your trust in us, and we are continuously working to enhance our services to better serve you.

To ensure a smooth and timely check-in process, we encourage you to arrive 15 minutes prior to your scheduled appointment time.

However, we understand that unforeseen circumstances may arise. If you anticipate you will be more than 10 minutes late to your scheduled appointment, please notify our front desk ASAP.

We have implemented the following three options to accommodate you:

**Option 1:** Worked into the Next Available Opening

- We will make every effort to accommodate you by working you into the next available opening.
- Please note that this may involve scheduling your appointment with a different provider, but rest assured, you will receive the same level of care.

**Option 2:** Wait for Your Originally Scheduled Provider

- If you prefer to see your initially scheduled provider, you have the option to wait.
- Please be aware that your wait time may be prolonged based on their volume for that particular day.

**Option 3:** Reschedule to a More Convenient Time

- If neither of the above options is feasible, you may choose to reschedule your appointment to another date and time that works best for you.
- Our team will be happy to assist you in finding a suitable alternative.

I have read and understand the updated Late Arrival Policy of Orlando Immunology Center. I agree to make every effort to arrive at least 15 minutes before my scheduled appointment and to notify the office promptly if I anticipate any delays.

\_\_\_\_\_ Signature of Patient/Responsible Party

\_\_\_\_\_ Printed Name Patient/Responsible Party

\_\_\_\_\_ Patient's Date of Birth

\_\_\_\_\_ Date of acknowledgement