



NO-SHOW POLICY

No-Shows limit access to medical care for other patients. Office appointments cancelled with less than 4 hours notification, and arrivals more than 15 minutes-late are also considered NO-SHOWS. We kindly request that you provide at least 4 hours cancellation-notice during business hours, so we can offer the time slot initially reserved for your child to another family who needs it. We understand that situations may arise in which you must cancel your appointment, therefore we concede to one No Show occurrence for an already established patient, before this policy applies.

NO SHOWS ARE SUBJECT TO A \$25 FEE.

- 1. After the first missed appointment, the patient will receive a No-Show letter, as a reminder of this policy.*
- 2. Patients who miss two (2) or more appointments within a 12-month - period, will be subject to a \$25 fee. The No-Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.*
- 3. After three (3) No-Shows, we reserve the right to decline any further appointments.*

Prospective patients who miss their first appointment will not be able to reschedule.

Our practice firmly believes that a successful provider - patient relationship is based upon understanding, good communication and mutual respect. We trust that you will be here for the time we scheduled just for your child.

- THANK YOU -

Please sign that you have read, understand and agree to this No-Show Policy.

_____ Date of birth _____
Patient Name (Please Print)

_____ Date _____
Signature of Parent or Patient Representative