



### Cancellation and No-Show Policy

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ MRN \_\_\_\_\_

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you provide at least 24 hour notice. This will allow for another patient who is waiting for an appointment to be scheduled in that appointment time.

All appointments without a call to cancel prior to the appointment time, will be considered a no-show appointment. No-show appointments are subject to a \$50.00 no-show fee.

If you have three or more no-showed appointments in a 12 month period of time you may be dismissed from the practice and denied any future appointments with any of our physician(s).

Same day scheduled appointments cancellations may also result in a \$50.00 fee depending on the time frame of your notice.

Cancellation and no-show fees are the sole responsibility of the patient (parent). They are not covered by your insurance and must be paid in full prior to your next appointment.

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in these instances may be waived but only with managerial approval.

Our practice firmly believes that good physician/patient relationship is based upon understanding the good communication. We are happy to discuss any questions you may have about our cancellation and no-show policy and fees.

Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_