

## No-Show Policy

Quality care for our patients is our priority. Please take a few minutes to review our no-show policy and sign at the bottom of the form. If you have any questions, please let us know.

### Definition of a “No-Show” Appointment

A “No-show” appointment is any scheduled appointment in which the patient either:

- Does not arrive to the appointment
- Arrives more than 15 minutes late and is consequently unable to be seen
- Cancels less than 24 hours before the appointment time

### Impact of a “No-Show” Appointment

“No-show” appointments have a significant negative impact on our practice and the healthcare we provide to our patients. When a patient “no-shows” a scheduled appointment it:

- Potentially jeopardizes the health of the “no-showing” patient
- Is denying appointments to other patients in need of care
- Disrupts patient flow and affects other families

### How to Avoid Getting a “No-Show”

1. **Confirm** your appointment
2. **Arrive** 15 minutes early
3. **Give 24 hours’** notice to cancel appointment

### Appointment Confirmation

Pediatric & Adolescent Medicine will attempt to contact you one week before and two business days before your scheduled appointment to confirm your visit. \*\*Please remember confirmation calls are a courtesy, ultimately it is your responsibility to know your appointment date and time. \*\*

### Always Arrive 15 Minutes Early

When you schedule an office visit with us, we expect you to arrive at our practice 15 minutes prior to your scheduled visit. This allows time for you and our staff to address any insurance or billing questions and or to complete any necessary paperwork before the scheduled visit.

In consideration of our other patients, **we will reschedule your routine appointment if you are more than 15 minutes late.** Patients that are more than 15 minutes late for a sick visit will be seen in the next available appointment slot, which may involve waiting.

### Give 24 Hours’ Notice if You Need to Cancel

When you need to cancel or rebook a scheduled visit, we expect you to contact our office no later than 24 hours before the scheduled visit. This allows us a reasonable amount of time to determine the most appropriate way to reschedule your care as well as giving us the opportunity to rebook the now vacant appointment slot with another patient. If it is less than 24 hours before your appointment and something comes up, please give us the courtesy of a phone call.

### Consequences of “No-Show” Appointments

1. Appointments cancelled on the day of the appointment may be subject to a \$25 fee
2. Three or more no-shows per patient within the same calendar year may result in dismissal from the practice
3. Patient dismissal is at the discretion of your medical provider
4. Only emergency medical treatment will be offered within the first 30 days of dismissal

**I have read and understand the Pediatric & Adolescent Medicine’s “No-Show” Policy as described above.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date