

## CANCELLATION/NO SHOW POLICY

Your time is important to us and while we strive to provide quality care to all of our patients and families, we must also adhere to our practice policies. Please understand that your scheduled appointment time has been reserved especially for you. Late cancellations or missed appointments negatively impact our schedule.

In order to improve our care, we have implemented a New Cancellation/No Show policy that will take effect January 1, 2018. We appreciate your cooperation and patience as we try to adhere to these guidelines.

It is required that **new patients** arrive ONE HOUR prior to your child's scheduled appointment time for insurance and paperwork purposes. For any subsequent appointments, we ask that you arrive 15 minutes prior to your scheduled appointment time.

As a courtesy to our providers, staff, and other patients, we ask that you call at least **24 hours** in advance of your scheduled appointment time for cancellations. If unable to, please notify us as soon as possible. **If you arrive late for your appointment and we do not have availability, your appointment will need to be rescheduled.**

If you do not call to cancel your child's appointment, a "no show" will be documented in the child's chart. After THREE "No Shows" within 12 months **you will be discharged** from the practice and asked to find another pediatric practice for your child and their siblings.

### **Please initial next to each statement below.**

\_\_\_\_\_ After the first "no show", you will be given a courtesy call to inform you of your missed appointment.

\_\_\_\_\_ After the second "no show", there will be a \$50 no show fee assessed to your account. Your insurance will not cover this fee.

\_\_\_\_\_ After the third "no show", will result in a discharge letter via certified. of the patient from Angel Kids Pediatrics.

## EMERGENCY ROOM POLICY

If your child has 2 or more unnecessary emergency room visits (i.e. runny nose, constipation, etc.) during our regular business hours (including the hours all locations), you will be discharged from the practice and asked to find another pediatrician for your child and their siblings.

### **Please initial next to each statement below.**

\_\_\_\_\_ After the first "unnecessary ER visit", you will be given a courtesy call to inform you of your unnecessary ER use and asked to schedule a follow-up appointment.

\_\_\_\_\_ After the second "unnecessary ER visit", will result in a discharge of the patient from Angel Kids Pediatrics

**I certify that I have read, understood, and agree to the terms presented above.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_