

UPDATED 10/2017

# “NO SHOW”/ CANCELLATION POLICY

Due to continued extremely high volume of patients that are not showing up for appointments or canceling at the last minute, we are implementing a new no show/late cancellation policy that will be effective immediately.

If you are unable to make it to your appointment, we ask that you **please cancel the appointment by close of business the day before the appointment** so that we may use that time for other patients. IT IS ACCEPTABLE TO LEAVE A VOICE MAIL AS LONG AS IT IS BEFORE **CLOSE OF BUSINESS** THE DAY BEFORE THE SCHEDULED APPOINTMENT.

If you do not cancel your appointment with reasonable notice, or if you do not show up for your appointment, **YOU WILL BE CHARGED \$10.00** for the missed appointment. **We are aware that life happens, especially with children! So, we have decided to REDUCE THE FEE to \$5.00 for patients that call after close of business but at least an hour before their scheduled appointment to reschedule or cancel.**

This fee must be paid at your next appointment and it can not be billed to your insurance company. IF YOU DO NOT SHOW UP OR DO NOT GIVE SUFFICIENT NOTICE FOR THREE (3) VISITS IN A 12 MONTH PERIOD, WE RESERVE THE RIGHT TO DISMISS YOU FROM OUR PRACTICE AND ASK THAT YOU FIND A NEW PROVIDER.

\_\_\_\_\_ initial

## PATIENT ACKNOWLEDGEMENT

I understand the above policy and agree to its terms. If I am unable to make it to an appointment I will cancel by CLOSE OF BUSINESS the day before the appointment. I understand it is acceptable to leave a voice mail as my cancellation of the appointment. If I do not cancel in sufficient time or if I “no show” for the appointment I agree to pay the \$10.00 fee before I am seen for the next appointment that is made. \_\_\_\_\_ initial

I also understand that if I have numerous missed appointments that Lake Pediatrics can dismiss me from the practice and request that I find a new provider within 30 days of dismissal. I also understand that if an appointment is needed for a sick visit within those 30 days I may still make an appointment with Lake Pediatrics.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Email Address

