



Medical Appointment Cancellation

No Show Policy

Thank you for trusting your child's medical care to PediaPlace Pediatrics. When you schedule an appointment with PediaPlace Pediatrics we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

Effective May 1, 2018 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours notice will be considered a No Show and charged a \$25.00 fee.

- Any established patient who fails to show or cancels/reschedules an appointment without 24 hour notice a second time will be charged a \$25.00 fee.
- If a third No Show or cancellation/reschedule without 24 hour notice should occur the patient may be dismissed from PediaPlace Pediatrics.
- Any new patient who fails to show for their initial visit will not be rescheduled.
- The fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit.
- As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Office Manager, who may be able to waive the No Show fee. You may contact PediaPlace Pediatrics 24 hours a day, 7 days a week at the number below. Should it be after regular business hours Monday through Friday, or a weekend, you may contact and leave a message with our answering service.

I have read and understand the PEDIAPLACE PEDIATRICS Newborn Insurance Policy.

Patient's Name :

First Name

Last Name

Parent's / Guardian's Signature

Date

Thank You!