

## LATE, CANCELLATION AND NO-SHOW POLICIES

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### 5 MINUTE LATE POLICY

When a patient is more than **5 minutes** late for an appointment, that appointment **will be rescheduled**. We will do all we can to find an appointment on the same day (possibly with a different provider), but we cannot guarantee it will be same day. Please be aware that we have limited times for check-ups and rescheduled check-up appointments could be several weeks delayed.

We value all of our families and recognize the difficulties you face in trying to coordinate all the demands made upon your time. **This late policy, however, is what we need to run our clinic in a timely manner. Please be aware that when a patient is late all of the visits following are affected and delayed.**

**I have read and understand the above 5-minute late policy (sign below)**

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**Parent Name**

**Date**

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**Patient's Name**

### CANCELLATION AND NO-SHOW POLICY

When an appointment is missed without a call to cancel or reschedule, it is considered a **NO SHOW**. When a patient does not show up for their appointment this keeps us from seeing other patients that could have been seen instead. Patients who no show will be charged a **\$50 no show** fee, which is the sole responsibility of the patient and must be paid in full before the patient's next appointment. Patients who no show will receive a letter advising them of the missed appointment. Patients who no show three (3) or more times in a 12 month period, may be dismissed from the practice, thus they will be denied any future appointments.

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel or reschedule your appointment you do so at least **1 hour** in advance. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot. Patients who do not call at least **1 hour** in advance to cancel or reschedule an appointment will be charged a **\$25 late cancellation** fee.

Again, we value you as a patient! These policies help us ensure that our appointment schedules are fully utilized for all of our patients.

**I have read and understand the above cancellation and no show policy (sign below)**

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**Name**

**Date**