

Name of Patient: _____

Date of Birth: _____

Cornerstone Pediatrics No-Show Policy

PURPOSE:

No-Show Policy has been implemented to improve scheduling opportunities and encourage patients to keep their scheduled appointments or call and reschedule or cancel their appointments in a reasonable amount of time (at least 48 hrs). As a courtesy to you, we provide reminder calls, emails and/or text messages 2-3 days prior to your child's scheduled appointment. If you fail to keep the appointment or give adequate notice of at least 48 hrs, it prevents another patient who may need the appointment and may keep them from being seen in a timely manner, leading us to need to implement this policy. This will maximize the time Dr. McNeill and our staff has to spend with your child to be able to continue to provide excellent care for your family.

No- Show Policy:

We have implemented this "No-Show" policy which will affect all patients who do not keep their scheduled appointment or cancel an appointment with less than a 24 hour notice.

1st No Show- Parent/guardian will receive a phone call or letter advising of our policy.

2nd No Show- Parent/guardian will receive a letter and charged a \$50 No-Show fee.

3rd and Subsequent No Shows- Parent/guardian will receive a letter and charged a \$50 No-Show fee and all family members may be dismissed from the practice.

No-Show for Double Appointment- Parent/guardian who schedule 2 or more children and no-show will be restricted from scheduling double appointments in the future. Parent/guardian will be responsible for appropriate missed appointment No-Show fee of \$50 per patient.

No-Show for New Patient 1st Appointment- Parent/guardian will receive a phone call or letter advising of our policy. A second New Patient No-Show will result in no further appointments being scheduled for the patient and the family will be dismissed.

Please note that the No-Show fee is not covered by insurance and is the patient/guardian's responsibility. We also understand that emergencies may occur, and should that be the case, please contact the office as soon as possible to let us know your situation and we will take that into consideration as we assist you in rescheduling your child's appointment.

Parent/Guardian Name (printed)

Signature

Date