

## NOTICE TO ALL PATIENTS

### No Show Policy effective July 1, 2014

When an appointment is missed without a call to cancel or reschedule, it is considered a “no-show”. When a patient does not appear for their appointment, time is lost not only for the physician, but also for the patient and or patients we might have been able to schedule in that time frame. Due to the continued amount of no shows we find that we must enhance our

#### **No Show Policy:**

*Patients, who miss appointments without calling at least 24 hours in advance to cancel, will receive a letter advising them of the missed appointment. At the time of the second letter, the patient will be advised that another “no show” may result in dismissal from the practice. A third “no show” letter can result in a dismissal letter.*

*We value you as a patient and recognize the difficulties you face in trying to coordinate all the demands made upon your time. We really hope you will work with us in the future by letting us know if you are unable to keep your appointment. This will help us ensure that our appointment schedules are fully utilized for those that have an urgent need to be seen.*

We know that unavoidable emergencies sometimes occur at the last minute. When a true emergency does occur, if you will call us at your first opportunity and let us know what happened, we will work with you to reschedule, and the “no show” will not be counted against you.

We hope that everyone understands our reasons for implementing this policy. Many of you have experienced having to wait or present to an urgent care or ER because we have no appointments left. We thank you for your understanding and support.

### **The Providers and Staff of Ennis Pediatric and Adolescent Health Care Center**

I have read and understand the above policy \_\_\_\_\_

Name

date

## LATE, CANCELLATION AND NO-SHOW POLICIES

---

### 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)**

---

**Parent Name**

**Date**

---

**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)**

---

**Name**

**Date**