



No-Show Policies and Procedures

Quality care for our patients is our priority. Scheduled appointments represent an agreement between you and your provider. Patients are expected to regularly attend scheduled appointments. To best manage our appointment availability, Children's Health Services requires advance notice to cancel or reschedule an appointment.

What is considered a "No-Show"?

- Any pre-scheduled appointment that is not cancelled with a minimum of 24 hours advanced notice.
- Any appointment that is scheduled on the same date of service that is not cancelled with a minimum of 1-hour notice.
- Any late arrival of more than 15 minutes and the patient is consequently unable to be seen.

What is the impact of a "No-Show"?

- Missing the appointment may jeopardize the health of the patient.
- Missing the appointment denies care to other patients who need to be seen by a provider.
- Missing the appointment disrupts patient flow and affects other families.

We understand that circumstances may sometimes prevent families from being able to give advance notice when cancelling appointments. *However, we believe that these instances should be few and far between.*

CONSEQUENCES OF NO-SHOW APPOINTMENTS:

No-Show Fees: A \$65 no-show fee may be charged to the account for *any* missed appointment type. No-Show fees will be assessed per patient. Double Header Appointments (multiple patients scheduled) will be subject to **multiple** no-show fees.

Dismissal / Termination of Care: Families having 3 or more No-Shows within a 12-month period will be considered for dismissal. Patient dismissal is at the discretion of the medical providers. Once dismissed, emergency medical treatment will be offered within the first 30 days of dismissal.

In addition, families who have a no-show history consisting of 2 or more no-shows for multiple 12 month periods will be considered for dismissal.

Families who no-show for a double header appointment (2 or more patients scheduled at the same time) may be restricted from scheduling double appointments in the future.

New patients who no-show for their initial visit will not be allowed to establish care.

Children's Health Services will attempt to contact our patients by phone, email, and/or text before your scheduled appointment. *****Please remember that confirmation calls/emails/texts are a courtesy. It is the Parent/Patient's responsibility to keep up with your scheduled appointment date and time and to notify the office in advance when there is a need to cancel or reschedule.*****

*** No-Show Policy– effective 9/2019

CHILDREN’S HEALTH SERVICES NO-SHOW POLICY ACKNOWLEDGEMENT OF RECEIPT

Patient’s Name: _____ Date of Birth: _____

I have received and read a copy of Children’s Health Services’ No-Show Policy.

Printed Name of Patient/Parent/Guardian Signature of Patient/Parent/Guardian

Date _____