Missed Appointment and Cancellation Policy

Patient's Name_____

Patient's date of birth_____/_____/_____

Thank you for choosing Next Generation Pediatrics to provide medical care for your child/children. Your family's time is important to us. We strive to provide the time needed for each individual patient and work hard to accommodate your needs. Because we respect your schedule and the schedule of all our patients, we ask that if you make an appointment with a provider at Next Generation Pediatrics, you follow through and arrive for the appointment either slightly before or on-time for the appointment time that was agreed upon by both parties. We will help you to remember your child's appointment by reminding you by phone at least 24 hours prior to the appointment time.

If for some reason you cannot make the scheduled appointment, we ask that you give us **24 hours-notice** to cancel the appointment so that we may offer the time to another patient. While we understand that emergencies or scheduling changes happen often, a pattern of missed appointments without notice could indicate to us that there is a lack of respect for maintaining our schedules and disrupting the work-flow that we work hard to maintain. PLEASE, if you cannot keep an appointment, give us notice and we will reschedule your appointment time to accommodate you**. ** Please note there is a $15.00 no-show fee for those who do not show up for their scheduled appointment. (This does not apply to those who call us to reschedule or cancel the appointment)**** We also ask that if you are going to be late to an appointment (i.e. traffic), please do not hesitate to call our office. Because a typical office visit is 15 minutes, **if you are more than 15 minutes late then you have missed your appointment time and you will be asked to reschedule.** Our office will try to contact you right away if you have missed your child's appointment to bring the absence to your attention and see if rescheduling the appointment would be necessary.

The providers and the office manager reserve the right to discharge a patient that consistently fails to cancel appointments in a timely fashion or arrives late consistently to appointments.

Printed name of responsible party_____

Relation to patient_____

Signature of responsible party_____

Date of acknowledgement _____/_____/_____

Thank you for acknowledging this policy.