COMPLETE PEDIATRICS, P.C. NO-SHOW POLICY

# Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quality care for our patients is our priority. Scheduled appointments represent an agreement between you and your health care provider. Patients are expected to regularly attend scheduled appointments. To best manage our appointment availability, Complete Pediatrics, P.C. requires advance notice of appointment cancellations or appointment reschedules.

**COMPLETE PEDIATRICS WILL CONSIDER APPOINTMENTS WHICH MEET THE FOLLOWING DEFINITION AS “NO-SHOWS”:**

* *Any pre-scheduled appointment that is not cancelled with a minimum of 24 hours (1 business day) advanced notice. Appointments scheduled for a Monday require cancellation by Saturday at 12 noon. Messages left on the answering machine cancelling appointments after this time will be considered No- show appointments.*
* *Any appointment that is scheduled on the same date of service that is not cancelled with a minimum of 2 hours’ notice.*
* *Any late arrival of more than 10 minutes and the patient is consequently unable to be seen.*

**CONSEQUENCES OF NO-SHOW APPOINTMENTS:**

***No Show Fees:*** A ***$40 no-show fee*** may be charged to the account for anymissed appointment type. ***No-Show fees will be assessed per patient***. If two patients in the same family have a No-Show on the same day, each appointment will be assessed a no-show fee.

We understand that circumstances may sometimes prevent families from being able to extend advance notice when canceling appointments. For this reason, Complete Pediatrics will extend a ***one-time*** No-Show fee forgiveness for the 1st missed appointment. However, the missed appointment will count towards the documented no-show history. Patients who have Medicaid coverage may not be charged a No-Show fee. However, No-Shows will be documented and may result in dismissal from care as outlined below*.*

***Dismissal / Termination of Care:***

* *Families who have a no-show history consisting of 3 or more no-shows for multiple 12-month periods will be considered for dismissal.*
* *Families who no-show for a “double appointment”, 2 patients scheduled back-to-back, may be restricted from scheduling double appointments in the future.*
* *New patients who have no-show for their initial visit will receive an emailed letter explaining that new patients who have 1 or more no- shows for their initial visit will not be allowed to establish care.*
* *A copy of the No Show Policy will be included with the letter.*
* *Once dismissed, emergency medical treatment will be offered within the first 30 days of dismissal.*

***Notification of risk of dismissal:*** Patients who have 2 No-Show appointments in a 12-month period will be sent via email or secure text,a message informing them of their risk of dismissal. It is the patient’s responsibility to update email addresses with our office.

**COMPLETE PEDIATRICS’ VOLUNTARY PART IN HELPING OUR FAMILIES DECREASE NO-SHOW APPOINTMENTS AND THEIR CONSEQUENCES:**

***Confirmations:*** Complete Pediatrics, P.C. will attempt to contact our patients by phone, email, or HIPAA compliant text message, two business days before their scheduled appointment; however, ***confirmation calls are a courtesy.***

***\*\*\*It is the patient’s/guardian’s responsibility to keep up with scheduled appointment dates and times, and to notify Complete Pediatrics, in advance, when there is a need to cancel or reschedule. \*\*\****

# Patient/Parent Signature: Date:

# No-Show Policy– 01/2024