



CANCELLATION – NO SHOW POLICY

There may be situations when you need to cancel your child’s appointment. Appointments must be cancelled with a minimum of 24 hours’ prior notice Office appointments which are cancelled without at least 24 hours’ prior notice will be subject to a \$40.00 fee (\$60.00 for a cancelled consultation appointment). This fee will not be billed to your insurance carrier and **will not be waived**.

The courtesy call that you receive to remind you of your child’s appointment is usually made within 48 hours of the scheduled appointment. This call is **NOT** guaranteed, this is strictly done as a courtesy. ***It is your responsibility to know when your child’s appointment is scheduled.***

MISSED APPOINTMENTS

If a patient misses an appointment without contacting our office, this is considered a missed appointment (“No-Show, No-Call.”) A fee of \$40.00 (\$60.00 for a missed consultation appointment) will be charged to you. This fee will not be billed to your insurance carrier and **will not be waived**. If you accumulate a total of three (3) missed appointments, your insurance carrier will be notified and your child(ren) may be discharged from our practice.

Please let our staff know if you have any questions regarding this policy

I have read and understand Child & Teen Wellness Center’s Appointment Cancellation Policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

I, _____ (print name), have received a copy of Child & Teen Wellness Center cancellation/no show policy.

Signature of Patient and/or Guardian

Date

Patient First and Last Name (please provide the first and last name of each child)

Patient Date Of Birth

Patient First and Last Name (please provide the first and last name of each child)

Patient Date Of Birth