Missed Appointment Policy

Our goal is to provide quality individualized medical care in a timely manner. "No-shows", late arrivals and cancellations inconvenience those individuals who need access to medical care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of medical care.

**Cancellation of an Appointment**

In order to be respectful of the medical needs of other patients, please be courteous and call our office promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance for any pre-scheduled appointments and at least 2 hours in advance for all same day appointments. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

**How to Cancel Your Appointment**

To cancel appointments, please call 210-736-3126 option # 2.

**Late Cancellations:** A late cancellation is considered when a patient fails to cancel their pre-scheduled appointment with a 24 hour advance notice and same day appointment without a 2 hour notice.

**No Show Policy:** A "no-show" is someone who misses an appointment without cancelling it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in the patient's record as a "no-show". The first time there is a "no-show", late cancellation, or cancellation without a reasonable excuse there will be no charge to the patient. The 2nd time and any time thereafter will result in a fee of $25.00 billed to the patient's account. The 3rd time within a three month period may result in a discharge from the practice.

As a courtesy we do place reminder telephone calls to the parent/guardian with telephone number we have on file the day before a scheduled appointment.

I have read and understand Summit Children’s Clinic Missed Appointment Policy.

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 Child’s Name & Date of Birth

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 Parent or Legal Guardian Printed Name Signature

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 Date