



Children's Heart Center of Central Oregon

Fetal, Pediatric, and Adult Congenital Cardiology

Phone: (541)639-8333

Fax: (541)749-2126

MISSED APPOINTMENT POLICY

At the Children's Heart Center of Central Oregon, our goal is to provide excellent service in a timely manner, and we need your help. Cancelled appointments, missed appointments, and arriving late for an appointment all affect our ability to stay on schedule, give timely appointments to patients who need them, and provide an excellent level of care. We make an effort to be flexible in our scheduling, so that the needs of our patients can be met. Although we have always asked our patients and their families to notify us if they will be unable to make their appointment, circumstances have made it necessary for us to implement a missed appointment policy.

Canceling an appointment. In order to be respectful and courteous to others, we ask that you call our office promptly if you will be unable to come to your appointment. We will give your appointment time to someone else who has been waiting for treatment. If it is necessary to cancel your appointment, please do so a minimum of 24 hours in advance of your appointment time. Monday appointments need to be cancelled by noon on the preceding Friday. Appointments can be cancelled by calling (541)639-8333.

An appointment will be considered a **"no show"** if it is ***cancelled without a 24 hour notice, if an appointment is missed without cancellation, or if the patient arrives more than 15 minutes after the appointment time.*** "No show" appointments will be noted in the patient's record. The first "no show" will result in a fee of \$100, and the second "no show" will result in a fee of \$150. The third "no show" will be charged \$150 and further appointments cannot be scheduled for 6 months.

We thank you in advance for your assistance in allowing us to continue providing pediatric cardiology care in Central Oregon.

I have read and understand the above missed appointment policy. I understand that there is a fee for missed appointments and late arrivals as described above.

Printed name: _____ Date: _____

Signature: _____