

Account# \_\_\_\_\_



Chart# \_\_\_\_\_

PEDIATRIC & ADOLESCENT MEDICINE

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### Appointment Cancellation/No Show Policy

Recently we have seen an increase of patients who fail to show up for their scheduled appointments or fail to call the office to cancel their appointment within a reasonable time frame. Every scheduled appointment that is missed jeopardizes the patient/physician relationship and prevents us from providing appointments to other patients in need of medical care. In an effort to correct this problem our office is instituting a **No Show Policy** as follows:

A **“No Show”** will be defined as a scheduled appointment for which a patient did not keep their appointment and no communication from the parent or legal guardian, at least 24 hours prior to their scheduled appointment. If you have a scheduled appointment on the same day you must call 4 hours prior to the appointment time to cancel or the missed appointment will be considered a No Show. If you need to cancel a scheduled appointment after normal business hours or on the weekend/holidays please call our office and leave a message with the answering service. You will need to notify the answering service of your child’s name and appointment date and time, they will then notify the office by faxed message.

A patient who fails to keep 3 or more scheduled appointments within a 12 month time frame will be determined as having excessive No Shows. The 12 month time frame will begin with the first missed appointment. Having excessive No Shows can result in a patient being discharged from the practice at the physician’s discretion and a possible \$20 no show fee per missed appointment.

I, the undersigned, acknowledge receipt of the offices **Appointment, Cancellation & No Show** Policy and understand the consequences of failing to keep scheduled appointments.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date