No-Show Policy

When we schedule an appointment time for your child we are holding that 20 minutes for you. We schedule appointments every 20 minutes, so if you are more than 10 minutes late for your appointment you have already missed half of your saved appointment time. Our providers have very full schedules and if you miss your time you cannot expect us to squeeze you in, you will be asked to reschedule. Please take into account that our providers are scheduling about 2-4 weeks out for Well Checks and if you miss your appointment we won't have one available for you the following day or even the same week, so please plan accordingly. If you don't show up we could have given that appointment time to another patient that needed to be seen that day. It is very important to us to stay on schedule for our patients. We know that your time as parents is very valuable, as is our providers time. We want to make sure that every patient gets the best quality care at every appointment. Please keep in mind that we are doing everything in our power to make sure that you are seen on time and in a timely manner. There are times when unforeseen Emergencies occur that require our immediate attention. We do our best to take care of those and get back on schedule as quickly as possible. We ask that you respect this and help us by being on time or early to every appointment.

If you No-Show a total of 3 confirmed appointments per child/family, you will be dismissed from our practice and you will need to find a new primary care provider. If you cancel within 4 hours of your appointment it will be considered a No-Show. Once dismissed from our practice you will no longer be able to take advantage of our convenient Walk-In hours.

We understand that emergencies come up and that certain circumstances may keep you from being able to make an appointment. We are understanding of those times. This is solely for the purpose of those families that take advantage of our generosity and continue to abuse it.

Thank you for your understanding.

Patient Name: ___________________________

Parent Signature: _________________________

Date: _______________________