

Children's Medical Group's No Show Fee Agreement

As of January 1, 2018 Children's Medical Group has instituted a \$50.00 no show fee for patients failing to come for a scheduled wellness appointment without prior notification. This fee will apply to each child in a family and for each appointment time that is missed.

At Children's Medical Group we greatly value our patients and want to provide the best and most efficient service possible. Infants and small children need to be current on their immunizations and older children often have deadlines to turn in physical exam documentation for sports or camp activities. By instituting this policy we want to reduce the waiting time for scheduling wellness appointments.

Our policy is to provide multiple reminders to families about the wellness appointments that they have scheduled, so that when conflicts arise we can be notified in advance and offer those appointments to other patients. At the time an appointment is made we send a confirmation. We then contact patient families again as the appointment approaches. Please confirm with us today that we have your preferred contact information.

Children's Medical Group understands that circumstances arise that make it difficult to give us advance notice of an appointment that will be missed. At their discretion our staff may excuse a first missed appointment of the year. Otherwise, for each missed wellness appointment without prior notice, the new \$50.00 "no show" fee will be billed. This will apply to each child that misses an appointment.

Patients who have not paid their "no show" fee will not be allowed to schedule further wellness appointments. Patient families who repeatedly fail to show up for appointments without advance notice may be dismissed from the practice.

By signing below, I acknowledge that I have read this document and been offered a copy of it.

Name: _____ Signature: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Date: _____