

NO SHOW POLICY

Dear Family,

Due to chronic no shows and no calls for scheduled appointments the following office policy effective 7-7-05:

- Failure to call within 24 hours to cancel appointment will result in a \$35.00 fee, payable before next scheduled visit. This fee will not be billed to your insurance carrier.
- Medicaid/Caresource are no exception, you must sign this form stating that you are solely responsible for this fee.
- Please be sure that we have your current data information to allow our staff to give you a courtesy call the day before your appointment to remind you.
- After two no shows a postcard will be sent reminding you that you missed your appointment, upon the third no show a certified letter of discharge, will be sent from the practice.

We realize that due to "busy schedules" one can be forgetful, however, we will do a courtesy call and remind you of your appointment. In return, we ask that you be courteous and cancel if you are unable to keep your appointment.

Parent/Guardian Signature

Date

KWP Representative

Date