



## PEDIATRIC EPILEPSY & NEUROLOGY SPECIALISTS

### **Cancellation/No-Show Policy**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel an appointment and we are unable to schedule your child for a visit due to a seemingly “full” appointment book.

#### **No-Show Fee**

In order to serve our patients better, we have instituted a cancellation policy. **If you must cancel your child’s appointment, please provide us with a minimum of 24 hours’ notice. Failure to comply with this policy will result in a no-show fee of \$25.** The No-Show fees are the sole responsibility of the patient. If there are 2 NO-SHOW appointments in one calendar year, or if the legal guardians/caregivers do not follow our recommendations, the patient will be discharged from our practice and will not be scheduled for another appointment.

#### **Scheduled Appointments**

We understand that delays can happen, however, we must try to keep the other patients, doctors, and nurse practitioners on time. ***If you are more than 15 minutes late to your appointment, your appointment may need to be rescheduled.***

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Legal guardian signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_