

No Show/Failed Appointment Policy

Hamblen Pediatric Associates has instituted a policy for No show/Failed Appointments. It is the policy of Hamblen Pediatric that cancellations of appointments must be done 24 hours prior to your appointment time.

Patients/Guardians are called two days prior to the scheduled office visit. You are given an option at that time to accept the appointment, cancel the appointment or leave a message.

Any patient that misses 3 scheduled appointments will be discharged from the care of Hamblen Pediatric Associates.

Hamblen Pediatric Associates may also charge the guardian/parent a fee for no show/failed appointments. The fee will be; \$20.00 for a missed recheck/low level sick appointment; \$ 25.00 for a missed well child under 12 years; \$ 35.00 for a missed well child 12 years and older; \$ 40.00 for a missed Attention Deficit/ Behavioral /or extra time scheduled appointment; and \$ 60.00 for a missed ADD/Behavioral evaluation appointment. **This fee will not be covered by your insurance – you will be required to pay this charge prior to your child being seen by Hamblen Pediatric.**

We are sorry for having to institute this policy, however, due to the large number of patients who schedule appointments and do not show we are left with little choice.

I, (parent or guardian), _____, have read the No Show/Failed appointment policy. I understand that (patient name) _____ will be discharged from the practice for 3 failed/no show appointments. I further understand that a fee may be charged for no show/failed appointments.

Parent/Guardian/Patient(if 18 or older) _____

Date Signed: _____

Patient Name: _____

Patient DOB: _____