



## **No-Show Policy**

Due to the frequency of patients failing to show up for scheduled appointments, it is the policy of ABC Pediatrics to assess a No-Show fee anytime the patient/responsible party fails to notify ABC Pediatrics in advance of a cancellation or change in a scheduled appointment.

**The No-Show fee is \$50.00 for failure to cancel or change a Well Child Visit (Physical) 24 hours in advance of the cancellation or change in this type of appointment. The No-Show fee is \$30.00 any time a patient/responsible party fails to notify ABC Pediatrics 1 hour prior to a sick or recheck appointment.** This allows the scheduling department to try to give the appointment to another patient. **To cancel an appointment before or after office hours or on weekends, please call the answering service at 404-935-6730.**

It is the policy of ABC Pediatrics to mail as few patient statements as possible, in an effort to reduce healthcare costs. When a no show fee is incurred, responsible parties are encouraged to mail the payment directly to ABC Pediatrics. It is the policy of ABC Pediatrics to mail one statement in an effort to collect the no show fee. If 30 days after the generation of the first statement it is necessary for ABC Pediatrics to mail a second statement because no payment has been received, an interest charge of a flat 12% of the balance, but not less than \$5, will be added to the account. If no payment is received 10 business days after the mail date of the third statement, the account will be reviewed and turned over to the collection agency. **All accounts turned over to the collection agency will also be responsible for the collection agency fees.**

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Signature of parent/responsible party: \_\_\_\_\_

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