



Thrive Pediatrics No-Show Policy Form

Thank you for Trusting your medical care to Thrive Pediatrics. When you schedule an appointment with Thrive Pediatrics, we set aside enough time to provide you with the highest quality of care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our appointment Cancellation/No Show Policy Below:

- Effective May 1st, 2022 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours' notice will be considered a No-show and charged a **\$25.00 fee**. _____ . Initials
- Any established patient who fails to show or cancels/reschedules an appointment with no 24 hours' notice a second time will be charged a **\$50.00 fee**. _____ . Initials
- If a third no show or cancellation/reschedule with no 24-hour notice should occur the patient may be **dismissed** from Thrive Pediatrics _____ . Initials
- The fee is charged to the patient, **NOT** the insurance company, and is due at the time of the patient's next office visit _____ . Initials
- As a courtesy, we send out text messages and emails as reminders for you/your child's appointments. If you do not receive a reminder call or message, the above policy will remain in effect. _____ . Initials

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you experience extenuating circumstances, please contact our Practice Manager. You may contact Thrive pediatrics 24 hours a day, 7 days a week by either leaving a message for us, or reaching out to our email at Info@thrive-peds.com if we are closed for the day.

Name of Patient: _____ Date: _____

Parents Signature: _____

Office Personnel Signature: _____

1st No Show: _____

2nd No Show: _____

3rd No Show: _____