**PINEVILLE**  **PEDIATRICS**

Dr. Satya Jammalamadaka MD

10700 Kettering Drive, Ste D , Charlotte, NC 28210

Ph: 704-540-3036 Fax: 704-543-3043

**“NO SHOW POLICY”**

**Policy**

Appointments must be canceled 3 hours prior to your appointment time. If you have “no shows” without cancellation, you will be charged a “no-show” fee of $20 from our clinic. After hour calls to cancel your appointment will not be accepted as sufficient notice to cancel or reschedule your appointment. A reminder notice will be sent to you after the first and second “no shows” in a 12 month period. Dismissal from the practice will occur after the 3rd “no show’ in a 12 month period.

**Purpose**

To improve scheduling opportunities and encourage patients to call and cancel their appointments in a reasonable amount of time (3 hours when possible), which would allow for better use of patient, staff, and physician time.

* **1st No-Show**- The patient will receive a phone call and letter informing them they missed their appointment, without notifying the practice. There will also be a $20 fee for the missed appointment.
* **2nd No-Show**- The patient will receive a letter informing them that they have missed their second appointment without notifying the practice and that after the third missed appointment they will be dismissed from the practice.
* **3rd No-Show-** The patient will receive a dismissal letter from the practice.
* **New Patients’ “No-Show”-** New patients will only be allowed two reschedules. If they no-show after the second reschedule, they will not be allowed to schedule with our practice anymore.

 I agree to and state that I understand the above policy.

Parent/Guardian Name: Date:

Signature: