



MEDICAL APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your medical care to PPG Healthcare. When you schedule an appointment with _____ we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, and 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 Immediately 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. There will be **no charge for the first no show BUT it will be noted in your chart.**
- Any established patient who fails to show or cancels/reschedules an appointment with no 24 hour notice a **second time will be charged a \$25.00 fee.**
- Any established patient who fails to show or cancels/reschedules an appointment with no 24 hour notice a **third time will be charged \$25.00 AND be required to pre-pay a non-refundable fee of \$75.00** to secure their next appointment.
- Any new patient who fails to show for their initial visit will **be required to pre-pay a non-refundable fee of \$25.00** to secure their next appointment.
- These fees are charged to the patient, not to insurance, and are **due at the time of the patient's next office visit.**
- As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.
- These requirements will reset each calendar year.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Office Manager, who may be able to waive the No Show fee. You may contact Maria Sanchez-Alvarado at the numbers below. Should it be after regular business hours Monday through Friday, or a weekend you may leave a message.

817-885-7888

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Signature (Parent/Legal Guardian)

Relationship to Patient

Printed Name

Date