



A Member of Valley Children's Medical Group

### **No Show and 24 Hour Cancellation Policy**

It is understood situations arise causing the need to cancel a scheduled appointment. Therefore, if a scheduled appointment must be cancelled, it is required at minimum, a 24-hour notice be provided. This will allow another patient who is awaiting an available appointment be scheduled for that appointment time.

A \$20.00 "No Show fee" may be charged for failure to cancel an appointment at least 24 hours in advance. The *No Show fee* is the patient/guarantor responsibility and is not covered by insurance. Multiple *No Shows* may result in termination from our practice.

Thank you for your understanding and cooperation as we strive to best serve the needs of all our patients.

*By signing below, you acknowledge that you have received this notice and understand the above policy.*

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**Patient Name (Please Print)**

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**Date**

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Signature of Patient or Parent/Guardian