

**Hyde Park Pediatrics  
Appointment, Cancellation, and No-Show Policy**

**Appointments:**

**Patient's Name:** \_\_\_\_\_  
**(Siblings):** \_\_\_\_\_

Office appointments are *by appointment only*. Please call 513-321-0199 for appointments. The receptionist may ask you the reason for your appointment which will help us plan the doctor's time efficiently. **Please arrive 10-15 minutes early** for your appointment to check in / verify pertinent information. If you are more than 15 minutes late for your appointment, the appointment may be rescheduled at the physician's discretion.

**Cancellations:**

We would like to thank you for being a patient at Hyde Park Pediatrics. We strive to provide the best care possible. Please understand that when we schedule your appointment, we are reserving your time slot for your specific needs. We kindly ask that if you need to change your appointment, you attempt to give us 24-hour's notice. Of course, we understand emergencies happen, but understand that we prepare for your appointment by reviewing your child's records, preparing a room, and preparing necessary items for your child's visit. Please call us as soon as you know you are not able to keep your visit so that another child may have that appointment time.

**Missed Appointments (Non-cancelled):**

We understand that missed appointments occur for a variety of reasons. When you miss an appointment without cancelling, someone who could have been seen in your place is delayed needlessly. A late cancellation is an appointment that may have been cancelled just minutes before the actual appointment time.

We track missed/non-cancelled appointments. Insurance will not cover charges for no-show/ late or late cancellation fees. There may be a charge for a late-cancellation appointment depending on the reason and there will be a \$50.00 charge for a No-show appointment.

Repeated missed appointments may result in your physician sending you a letter discharging you from the practice. If this happens we will offer 30 days of emergent care only and transfer your medical records when you find a new physician.

**Payments:**

Payment is due in full at time of service when applicable.

Guarantor's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_