



220 Linden Oaks, Suite 200
Rochester, NY 14625

Policy: No Show and Same Day Cancellation

At Panorama Pediatric Group we strive to provide the highest-level medical care to our patients. This includes same day appointments, with minimal wait time. We make every effort to accommodate multiple schedule requests we receive. To accomplish this and meet the needs of all our patients and their families, we rely on a carefully scheduled appointment system and sufficient notification should an appointment be cancelled (including pre-scheduled and same day appointments). When a patient cancels without giving enough notice to our office, it prevents another patient from being seen. We strive to keep our schedules running efficiently and ask you to keep all scheduled appointments.

We understand unforeseen circumstances may arise or you may choose to seek care elsewhere. In these situations, it is the policy of our practice that you provide adequate notification to our office, by phone, to offer this time slot to another patient in need. In the event an appointment needs to be cancelled due to a scheduling conflict (including both pre-scheduled and same day appointments), we require immediate notification. Please see below guidelines and considerations that you hereby agree to:

Missed Appointment/No Show Definition

Any scheduled appointment in which the patient/family either:

- Does not arrive to the appointment
- Fails to notify our office to cancel a visit
- Cancels with less than 24 business hours' notice for prescheduled appointments
- Cancels with less than 4 business hours' notice for same day scheduled appointments
- Arrives more than 15 minutes late and is consequently unable to be seen

Office Policy

- 1st Missed Appointment (within the family) - will receive a call and/or reminder letter, no fee* will be incurred
- 2nd Missed Appointment (within the family) - will receive a call and/or letter and a fee* will be incurred
- 3rd Missed Appointment (within the family) - Your family's appointment history will be subject to review by your physician to determine if care can be continued at our office.

**PLEASE NOTE: This fee is not covered by insurance and is the responsibility of the patient/family.*

Please understand that our policy is in place to maintain a superior standard of care for all our patients. If your child misses multiple appointments, we cannot provide you with the level of care that we would expect for our children. Additionally, missed appointments prevent us from caring for other children that may need our services at that time.

BY SIGNING BELOW, I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THE NO SHOW AND SAME DAY CANCELLATION POLICY SET FORTH ABOVE AND AGREE TO THE TERMS AND CONDITIONS THEREIN.

Patients Name: _____ Date of Birth: _____

Name (father, mother, legal guardian) _____

Signature: _____ Date: _____