

Medical Appointment Cancellation/No Show Policy Effective May 16, 2022

Thank you for trusting your medical care to Palmetto Pediatrics of the Lowcountry. When you schedule an appointment with Palmetto Pediatrics of the Lowcountry, we set aside enough time to provide you with the highest quality of 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.

1. **Any established patient** who fails to show for an appointment or cancel an appointment by contacting our office with **at least 24-hours' notice** will be considered a **No Show** and charged a **\$25.00 fee**. **New patients** who fail to show or cancel their New Patient appointment **will not be allowed** to reschedule an appointment with our office.
2. Any established patient who fails to show or cancel an appointment with a **24-hours' notice** to the office **a second time** will be charged a **\$25.00 fee**.
3. Any established patient who fails to show or cancel an appointment with a **24-hours' notice** to the office **a third time** will be charged a **\$25.00** and **subject to dismissal from the practice**. **Any patient balances not paid in 45 days, will be sent to a collection agency**.

The fee is charged to the patient, not the insurance company, and is **due at the time of the patient's next office visit**.

As a courtesy, our office does perform appointment reminder calls. We either speak to an individual or leave a voicemail message when available with the appointment date and time. Our office never schedules an appointment for a patient without the request of the parent/patient. Regardless, this policy will remain in effect.

You may contact Palmetto Pediatrics of the Lowcountry 24 hours a day, 7 days a week at the numbers 843-706-3206 or 843-342-5437 to cancel your appointment. Should it be after regular business hours, you may leave a message. Messages left at either location are acceptable.

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.

I have read and understand the appointment cancellation/no show policy for Palmetto Pediatrics of the Lowcountry. My signature below is acceptance of my responsibility of said policy for the listed patients.
Patient Names:

Type Name of Responsible Party/Relationship to Patient

Signature of Responsible Party

Date

