



NO SHOW / CANCELLATION POLICY

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We have a strict No Show / Cancellation policy. As a courtesy to our office as well as to those patients who are waiting to schedule with the physician, please call our office promptly if you are unable to keep your appointment at least 24 hours (1 business day) prior to the appointment time.

An appointment is designated as a "No Show" when a patient does not keep a scheduled appointment or cancels an appointment without sufficient notice to rebook the appointment slot at least 24 hours (1 business day) prior to the appointment time.

A failure to present at the time of a scheduled appointment will be recorded in your chart as a "no show" This first time you do not show up for an appointment, you will not be charged a no-show fee. We will send you a letter outlining our policy as a reminder. However, if you "no show" for the second time, the responsible party/guarantor will be charged a \$50 "no show" fee that must be paid in full before scheduling any further appointments. If you "no show" a third time, then the patient could be discharged/dismissed from the clinic.

A late show is any patient who arrives to the clinic 30 minutes late for their scheduled appointment. Pediatric Healthcare Associates staff members will need to check with the physician to see if the patient can be worked back into the schedule. It is very likely that your appointment will have to be rescheduled.

My signature below verifies that I have read and understand the NO SHOW / CANCELLATION policy outlined above.

Patient Name: _____

Date of Birth: _____

Patient (if over 18 years of age): _____

Date: _____ Time: _____

Guarantor (if patient is under 18 years of age): _____

Date: _____ Time: _____

Office Staff Witness: _____

Date: _____ Time: _____