**NO SHOW POLICY**

At *Nasa Pediatrics* it is imperative to provide the best quality medical care to all our patients. In order to accommodate all our patients with an appointment, we need to ensure we follow procedures to ensure your visit is conducted in a timely manner. Our office is requiring notification of at least 24 hours in advance if you need to cancel or reschedule your appointment.

Our **NO SHOW** Policy is as follows:

1. A minimum 24-hour notice is required to cancel or reschedule your appointment.
2. Late cancellations will be considered **“NO SHOW”**. Last minute cancellations or rescheduling is not acceptable.
3. First **NO SHOW** appointment: Will be documented and a courtesy call will be made in regard to your missed appointment and the possibility of rescheduling at that time.
4. Second **NO SHOW** appointment: A warning letter will be sent to you to the address on file.
5. Third **NO SHOW**: It will be the Office Manager or Physicians discretion as to whether a letter notifying of a practice discharge will be sent out. If this is the case, this will notify you via certified letter we can no longer provide services and you will have 30 days to find another medical provider.

Nuestra Politica **NO SHOW**:

1. Se require notification de 24 horas minimas para re-programar o cancelar su cita.
2. Cancelaciones tardes seran consideradas **“NO SHOW”**
3. La primera “**NO SHOW**” cita: Sera documentada y haremos una llamada de cortesia notificando de su cita Perdida y la posibilidad de re-programarla en ese momento.
4. La segunda “**NO SHOW**” cita: Se le enviara una carta de advertencia a la direccion que aparece en su expediente.
5. Tercera “**NO SHOW**”: Sera la discrecion de la Manager de la Oficina o Medico si una carta dando al paciente de alta de la practica sera enviada. Si este es el caso, se le notificara via carta certificada que ya no podremos proveer servicios y tendra 30 dias para buscar otro provedor medico.

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Patient Name/Nombre de Paciente DOB/Fecha de Nacimiento

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Parent Name/Nombre Padre/Madre Signature/Firma

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Date