



119 Epperson Street

Athens, TN 37303

NO SHOW / CANCELLATION POLICY

In effort to provide the highest quality care and service to our patients, we ask that you notify us 24 hours in advance to cancel and/or reschedule your reserved appointment.

A patient who no-shows (missing a scheduled appointment without calling us in advance to cancel) three times in a calendar year is subject to dismissal from the practice. After the third no-show in the same calendar year, a letter will be mailed requesting that the patient find a new primary care physician. We will assist the patient in any way we can in finding a new physician. The number of no-shows do not carry over into the next calendar year, so that everyone has a clean slate starting January 1.

We value our patient/Doctor relationships and will do everything we can to accommodate you. Your communication and compliance are not only very much appreciated, but will help you to achieve a positive outcome.

By signing below, I acknowledge I have read and understand the Kidzcare Pediatric no show / cancellation policy.

Patient Name: _____ DOB _____

Parent /Guardian: _____

Signature: _____