Padder Health Services, LLC

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No-Show and Cancellation Policy

Patient Name: ___________________________ **Date of Birth:** _______________

To provide efficient and accessible care to all our patients, Padder Health Services, LLC has implemented the following policy regarding missed appointments and late and/or frequent cancellations.

Policy Details:

- A **no-show** occurs when a patient misses an appointment without notifying us.
- Cancellations and/or **rescheduling** of your appointment must be made with at least **24 hours' notice** to avoid being marked as a no-show.
- **Frequent back-to-back cancellations**, even with notice, disrupt scheduling and patient care. This behavior may result in no future appointments being scheduled or dismissal from the practice.
- A **$25 fee** will be charged for each no-show or late cancellation without proper notice. This fee must be paid before future appointments can be scheduled.

Enforcement of Policy:

- If a patient no-shows or cancels an appointment without proper notice **three times within a calendar year**, they will be subject to dismissal from the practice.
- After your second no-show or late cancellation, a notice will be sent to the patient reminding them of the policy.

Acknowledgment:
By signing below, I acknowledge that I have read and understand Padder Health Services, LLC' No-Show and Cancellation Policy. I understand that repeated no-shows, frequent back-to-back cancellations, or late cancellations may result in a $25 fee, no future appointments, or dismissal from the practice.

Patient/Guardian Signature: ________________________________ **Date:** _______________