



CENTER FOR CHILDREN'S DIGESTIVE HEALTH No Show / Cancellation Fee Policy

Welcome to Center for Children's Digestive Health (CCDH). We are very pleased to have your child as our patient and we will undertake your treatment with us with diligence and care. In order to serve you well, we will need to develop a working relationship with you that requires your attendance, along with your child, at all scheduled appointments. Your attendance at the scheduled appointments will reflect your cooperation with our suggested plan of care. As such, we have the following policy in effect regarding your services with us: Missed Appointment and Late cancellation of Procedures Fees.

Missed Appointment means:

1. Same Day Cancel, are appointments cancelled the same day of the appointment.
2. No-Show, are appointments that you did not come for an appointment and did not call in advance to notify the clinic of your intended absence.

No-show or same day cancellation will generate a \$25.00 fee that is your personal responsibility, NOT the insurance company.

Patients that are scheduled for a surgical procedure (i.e. endoscopy, colonoscopy, etc) must allow at least 3 business days notice of your intent to cancel. Otherwise there will be a late cancellation fee of \$100.00, which will be your personal responsibility, NOT the insurance company.

When deemed appropriate, due to weather or unavoidable circumstances, patients will be excused for not giving required notice.

Our ultimate goal is to improve access to physician appointments for all patients. We hope that by reducing No-Show Appointments and Same Day Cancellation Appointments we can provide a greater level of service and access for you and other patients seeking care with our physicians. We thank you for your anticipated cooperation.

Your signature below indicates that you understand and agree to the above policies:

Patient (or Legal Guardian) signature

Witness signature

Date