

Children's & Women's Physicians of Westchester, LLP

NO SHOW POLICY

Dear Parent,

In an effort to serve our patients and to ensure that our available appointment times are used appropriately, CWPW has implemented a NO SHOW policy for all of our patients effective April 1st, 2014.

You will be billed \$40 if your child misses an appointment and you have not contacted us to cancel at least 24 hours prior to the scheduled appointment time. If the appointment is on Monday, you must contact us by the Friday before.

If your child misses 3 appointments in a row, he/she may be discharged as a patient of this practice.

To cancel an appointment, please call your physician's office. If you do not reach the secretary you may leave a detailed message on the voice mail. Please include the date and time of the call. You may not cancel an appointment by email.

Patient Name: _____ Date: _____

Patient Signature: _____ (patients 18 & over)

Parent Name: _____

Parent Signature: _____

