



APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your medical care to The McCuiston Group Pediatrics & Lactation. When you schedule an appointment with The McCuiston Group, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. If you are running late for an appointment, we do extend a 10 minute grace period, after which, the appointment is considered a No Show.

- Effective October 19, 2021, any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours notice will be considered a No Show and charged a \$175 fee for well visits, \$75 fee for sick visits and \$200 fee for consultations for the first and second missed appointments. Please note, fees were updated January 1, 2023.
- If a third No Show or cancellation/reschedule with no 24 hour notice should occur the patient may be dismissed from The McCuiston Group.
- The fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit.
- As a courtesy, we make reminder calls and/or send texts/emails for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.
- We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our office, and we may be able to waive the No Show fee.
- You may contact The McCuiston Group 24 hours a day, 7 days a week. Should it be after regular business hours or a weekend, you may leave a message at 202.525.2426 or send a message in the portal.

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Signature of Parent/ Legal Guardian

Relationship to Patient

Patient Name

Date