



New Patient Appointment Cancellation/No Show Policy

Thank you for trusting your medical care to Baptist Physician Network. When you schedule an appointment, with Baptist Physician Network, our desire is to provide you with the highest quality care. This includes making sure that you are provided with an appropriate time and appointment type. Please see our New Patient Appointment Cancellation/No Show Policy below:

- The office will call you to confirm your new patient appointment, one week prior to the appointment. You will also receive an automated call reminder, the week of, or a few days prior to your appointment.
- Any New Patient who fails to show for their initial visit will not be rescheduled.
- 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.

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 these circumstances please contact our office, as soon as you are able, to discuss options that may be available. You may contact our office during our normal business hours with such appointment requests and/or changes. Thank you for understanding and allowing us to care for your medical needs.

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

Signature (Parent/Legal Guardian)

Relationship to Patient

Printed Name

Date

Baptist

Physician Network

Affiliated with Baptist Hospitals of Southeast Texas
Performing Sacred Work Everyday

Cancellation/No Show Policies:

A 24-hour notice is required if you are unable to keep a scheduled appointment. Missed appointments will incur a \$25.00 fee. This fee must be paid prior to scheduling another appointment. Failure to appear for 3 scheduled appointments will result in discharge from the clinic.

Signature: _____ Date: _____

Witness: _____