



6801 Dixie Hwy., Ste. 127 Louisville, KY  
40258  
Phone: 502-935-5633 Fax: 502-935-5706  
Email: info@loupeds.com

## **NO SHOW POLICY**

To provide you with the best medical care, we have worked hard to develop a scheduling system that allows us to see patients in the most efficient manner possible.

To stay on schedule so that your wait time is minimal, please respect the providers time allotted to care for your child's needs by contacting our office at least **6 hours** before your appointment time.

If no attempt is made to reschedule or cancel your appointment, a **\$50.00 no show fee** will be added to your account.

We truly value our relationship with you and hope this will serve as a kind reminder to call us and let us know when you are unable to make your appointment with us.

*Thank you in advance for cooperation.*

**LPS MANAGEMENT**



Louisville **Pediatric**  
SPECIALISTS

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## No Show/Same Day Cancellation Policy

At Louisville Pediatric Specialists, quality patient care is our top priority. Our staff works hard to offer you an appointment that is convenient for both you and your child. We understand that sometimes unforeseen circumstances arise but, **no-shows and excessive last-minute cancellations** have a negative impact on the efficiency of our practice. This often leads to a disruption to the patient flow and scheduling availability. To best manage our appointment availability, Louisville Pediatric Specialists require that you give a minimum of **2-hour advance notice** to cancel or reschedule an appointment.

Please understand that our policy is in place to assure that we maintain a superior standard of care for all our patients.

### First No Show/Same Day Cancellation

If you neglect to notify us 2 hours in advance or miss your scheduled appointment, a member of our LPS staff will call to remind you of our no-show/same day cancellation policy and offer you an opportunity to reschedule the missed appointment. It is your responsibility to provide an up-to-date telephone number so that we can contact you. A no show fee of \$50.00 will be added to your account and must be paid at your next scheduled visit.

### Second No Show/Same Day Cancellation

If you miss or fail to cancel a second scheduled appointment within a 12-month period from the first without proper advance notification, you will receive a letter reminding you of our no-show day cancellation guidelines.

### Third No Show/Same Day Cancellation

If you miss or fail to cancel a third scheduled appointment within that same 12-month timeframe without proper notification to our office the patient may be subject to dismissal from Louisville Pediatric Specialists. Management will call you to discuss whether our practice is the best fit for you and your child. The patient's chart is reviewed, and dismissals are determined by management only, no exceptions. If it is determined that termination from the practice is the best solution to avoid future issues, we will send you a certified termination letter. That letter will notify you that we will continue to see your child for acute conditions for 30 days from the date of the termination letter.

**New Patients**

It is important that you select the practice that is best for you, and that you understand our guidelines for no-show and same day cancellations. Should you not be able to make your first scheduled appointment without giving us appropriate notice, we will provide you with one opportunity to reschedule a no-show or same day cancellation. Since we have not yet established a provider-patient relationship with your child, the second no-show or same day cancellation will result in the decision for you to find another pediatric practice to meet your child's needs. We would be happy to provide you with resources on finding a new practice upon request.

Patient Name(s) \_\_\_\_\_

Responsible Party Member's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Responsible Party Member's Signature \_\_\_\_\_ Date \_\_\_\_\_