

PEDIATRIC HEALTHCARE OF NORTHWEST HOUSTON, PA

IMPORTANT NOTIFICATION

In order to provide better healthcare for your child, our office enforces a strict “**NO SHOW**” policy.

For your convenience our staff spends a considerable amount of time preparing your child’s chart and verifying insurances a day ahead of the scheduled appointment. If you in turn do not show up for this scheduled appointment this creates hardship for a potential sick child who could have been seen in that occupied time period. It is also a loss of revenue to the practice and a waste of our staff’s time.

In order to help you keep your scheduled appointment our staff gives you a reminder call a day prior to your appointment. We therefore expect that you immediately notify us of any telephone or address changes.

To reschedule or cancel an appointment, we expect to be notified at least one day prior to your appointment. If you have **3** consecutive accumulative “**NO SHOWS**” we reserve the right to dismiss the patient from our practice. In the event that this happens, you will receive a dismissal letter from our office giving you a 30 day period to find another healthcare provider for your child.

I also take full responsibility for completion of all lab/x-rays & to make/keep any sub specialist appointments, as recommended by the M.D. and CPNP.

____ I have read and understand this notice in its entirety.

____ This notice has been read to me and I understand it.

Child’s Name

Date

Parent/Guardian’s Name Printed

Witness

Parent/Guardian Signature

- 27721 State Highway 249, Suite 100 Tomball, TX 77375
- 11840 FM 1960 West Houston, TX 77065
- 22513 Tomball Parkway, Suite 129 Houston, TX 77070
- 12015 Louetta Road, Suite 100 Houston, TX 77070
- 690 S Loop 336 West, Suite 110 Conroe, TX 77304

office (281) 357-5115 fax (281) 516-9466
office (832) 912-7044 fax (832) 912-7033
office (281) 655-1500 fax (281) 655-1507
office (281) 664-2152 fax (281) 251-3514
office (936) 539-8190 fax (936) 756-9948