



## **NO SHOW POLICY**

In order to provide the best quality of care for you and the patient A to Z Pediatric and Youth Healthcare would like you to know that there is a **NO SHOW POLICY** that will be applied if the situation arises.

- 24 hour cancellation notice is required.
- If you do not keep your appointment with us, you will be charged a \$25.00 fee.
- Any services not covered by your insurance will be your responsibility.
- It is your responsibility to understand your insurance coverage.

Thank you for you cooperation!!

## **POLIZA DE NO SHOW**

Para proveer la mejor calidad de cuidado para usted y el paciente A to Z Pediatric and Youth Healthcare quisiera que usted tome en cuenta que existe la **POLIZA DE NO SHOW** que puede ser aplicada si la situacion ocurre.

- Se requiere 24 horas de notificacion para cancelar cita.
- Si usted no cumple con su cita, usted sera cobrado \$25.00.
- Los servicios que no son cubiertos por su aseguranza seran su responsabilidad.
- Es su responsabilidad saber la cobertura de su aseguranza.

Gracias por su cooperacion!!

A to Z Pediatric and Youth Healthcare

X \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_