

CHILDREN'S SPECIALTY GROUP, PLLC



Division of Developmental Pediatrics

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No-Show Missed Appointment Agreement

We value you as our patient and need your cooperation in keeping your appointments so that we can provide care to your child. No-showing/canceling an appointment means we cannot fill this appointment with another patient who needs our care.

Our policy requires:

Appointment confirmation: We require a response three business days prior via verbal, email, or text. If confirming verbally via phone, this must be done by 3:00. You are responsible for confirming your appointment; if you do not confirm your appointment, another patient will be given the time slot.

Timely Cancellation: If you need to cancel or reschedule your appointment, you must give at least 24 hours notice. Cancellations made with less than a 24-hour notice will be considered a no-show.

On-Time Arrivals: Please arrive 20 mins before your appointment time.

Compliance: Developmental Pediatrics' policy is to monitor and manage patient appointment no-shows to ensure we provide adequate care to the families we serve.

An automatic dismissal is two no-shows for an initial new patient visit or ANY psychology consultation, testing, or feedback visit.

Three no-shows in one year, NOT consecutive in any combination of appointment types, i.e., follow-up, new patient, testing, is an automatic dismissal.

Patients or Parents/ Guardian Signature

Date