



3101 American Legion Rd., Suite 23, Chesapeake, VA 23321  
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### **Missed, Canceled, and Late Appointment Policies**

We inform all patients on our registration form and on this website of our request for a 24-hour cancellation from you, which will not incur a fee for cancellation. If you can't make your appointment, please let us know as soon as possible so we can offer it to someone else. Your consideration is appreciated because the sooner you call us the greater our chances of providing this time to someone else.

If a person fails to show for an appointment and does not provide 24-hour notice prior to canceling, then our health care professionals will charge the rate of \$50.00 for payment of the missed appointment. These charges will not be billed to your insurance provider. Your appointment time is allotted to you so we will charge you for failure to call.

This policy applies to the following missed appointments: The appointment was not the person's first visit. The individual was previously informed of the policy. The cancellation was not due to a medical emergency. (Please note that clients that have Medicaid will not be charged this fee, but will be removed from their next appointment and must call and speak with therapist prior to getting back on their schedule.

#### **Late Appointment Arrivals**

We ask for you to plan to arrive on time for your appointment. We do not wish to keep anyone waiting and operate on a set schedule. Our office offers designated time for each client. Our fees are based on the time you were scheduled. If you arrive late for your appointment, you will be responsible for payment of the period you were scheduled, and the time will not be extended. Hence, if you arrive late you will be required to pay the full amount. If you have insurance, your insurance will only be charged for the time you spent face to face or telehealth with us and you will be charged the difference.

Thank you for your cooperation in helping us provide the best care possible to you!

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Client or Legal Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_\_