

No - Show / Late Cancellation/Late Reschedule Policy

We understand that life can be messy and unpredictable. This can be especially true when you are struggling with mental and emotional health challenges and other life stresses. We want to be here to help and to understand.



At the same time, our practitioners devote long hours and tremendous energy to the care and wellbeing of our clients. They have families and lives, and they have bills and schedules like all of us. When we make an appointment, we are reserving that block of time specifically for you. When a client cancels/reschedules late or doesn't show for an appointment, we are not able to schedule someone else in that missed time slot therefore we are not able to help someone for that hour. Even if you have insurance, we are not able to bill for the missed session. Our capacity to help those in our community, while consistently growing, becomes limited for each of these missed hours. This also diminishes our capability to support our practitioners in their lives, grow our community towards our vision, and provide reduced cost services to those who cannot afford standard fees.

Even with notice, it is not always possible to fill a cancelled/rescheduled time with another appointment. Please try to minimize cancelled/rescheduled sessions; if they happen too frequently we may be unable to continue scheduling appointments with you.

To address these issues, we have established the following policy, starting 08/01/2019:

1. 24 hour notice for cancellation or rescheduling of appointment -

Please provide us with no less than 24 hours advanced notice, so that we may try to fill the time with someone else requesting services. We will charge **50 % of the practitioner's hourly rate** for appointments cancelled/rescheduled with less than 24 hours notice or for sessions you don't show up for. Please see details below on specifics of what that looks like based on how you are normally billed.

-Clients who utilize insurance: Your late cancellation/reschedule or no show fee will be 50% of your normal total session fee paid between you and your insurance company (Example: if your session costs \$100 and your insurance pays \$75 and you pay \$25, your late

cancellation/reschedule or no show fee would be determined from the total \$100. You would owe \$50 for the late cancellation/reschedule or no show of your session).

-Self pay clients: Your late cancellation/reschedule or no show fee will be 50% of your normal total session fee (If your session costs \$100, you would owe \$50 for the late cancellation/reschedule or no show of your session).

***You must contact your practitioner directly to cancel or reschedule to ensure they receive the appointment modification request.** If you do not have their contact number, you can get that from them at your appointment.

- 2. Credit Card on File -** In order to facilitate this process, we are asking each client to place a credit card on file which will be charged in the event of a late appointment cancellation/reschedule or a no show for a session. If your practitioner utilizes electronic forms, please visit the link emailed to you by "Simple Practice" (our electronic records system) and enter your information. We may also obtain the credit card information via paper form at your appointment. Once an appointment is marked as a no show or less than 24 hour cancellation/reschedule, a charge will automatically apply to your card by the system. We appreciate your understanding.
- 3. Repeated missed appointments -** Repeated missed or rescheduled appointments may result in us giving your slot to another client, placing your requests for appointments lower on the priority list, and potentially being unable to schedule appointments with you.
- 4. Practitioner responsibility to clients -** In the rare instances that your practitioner accidentally double books your appointment time or has to cancel/reschedule with less than 24 hours notice, causing you to not be seen, you will receive a discounted rate on your next session. Please see details below on specifics of what that looks like based on how you are normally billed.

-Clients who utilize insurance - You will not be responsible for your copay or co-insurance on your next visit, but your insurance will be billed to cover their portion of that session fee.

-Self pay clients - You will receive 50% off your normal session fee on your next session.

Please notify your practitioner directly about a cancelation or reschedule request no less than 24 hours before your appointment by calling, texting, or emailing your therapist directly at their direct phone number and email address provided. If you do not have that information, please obtain that from them at your first session.

Thank you for providing your practitioner and their other clients with this courtesy.

Signing below indicates you understand and agree to the terms of this policy.

Signature of Client: _____ Date: _____

Signature of Responsible Party (if applicable): _____ Date: _____

In addition to filling your information in through our online form, please provide your credit card details here to be keep with your client forms.

*Please print legibly

Circle card type: Visa, Mastercard, Discover, American Express

Name on Card: _____

Credit Card Number: _____

Exp. Date(month/year): _____ CVV(3 or 4 digit code): _____

Zip Code (associated with the card): _____