

# Missed Appointment Policy

We value your time and participation in the treatment process. We want your treatment experience to be positive and helpful in all ways. Your treatment is most effective when appointments are kept consistently. It is our pledge to meet with you for your appointment in a timely manner and we expect for you to make all reasonable efforts to **keep your appointment and to be on time.**

When you schedule your appointments you have reserved this time in our schedule and have placed it aside to meet with you. If you must cancel or reschedule your appointment we require that you contact our office at 864-576-5764 **at least 24 business hours in advance for regular appointments. We require 48 hours in advance for appointments such as Wellness' and Procedures.** This will allow our staff to contact clients on our waiting list and offer them this appointment slot. Remember, at some point in your treatment process you may benefit from a "fil-in" appointment.

**If you do not call to cancel or reschedule your appointment within the allotted time limits, you will be charged our pay-in-full missed appointment fee depending on the type of appointment. This fee ranges anywhere from \$25-\$100.**

The only exceptions to this policy are appointments missed due to last minute illness or injuries. Proof of the emergency will be required, for example: receipt of car repair and/or tow, note from ER/Urgent care, etc., or something in writing showing your emergency.

**You should note that insurance companies do not reimburse members for these charges. You will be billed directly for missed appointments. Payment for missed appointments is due on or before your next scheduled appointment. If you have not paid in advance, you should be prepared to pay this fee at the time you check in for your next appointment.**

As a courtesy our staff will try to call you the working day before your next appointment to remind you to attend. **However, this is a courtesy call only.** You're still responsible for remembering and attending your appointments. Sometimes, you will receive this call after the 24 hour limit or not at all but, this does not excuse you of this responsibility

By signing below you're indicating that you have read, understood, asked any questions you might have and agree to these conditions.

**Patient Signature:** \_\_\_\_\_

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