

# Circle of Wellness

## No Call No Show/Cancellation Policy

We are dedicated in assisting you to meet your treatment goals. For us to help you achieve these goals, it is important that you attend your scheduled appointments consistent attendance allows you and your providers the ability to progress your treatment program which will result in a quicker recovery and most importantly, help you feel better.

We do require that you give us at least a 24-hour notice that you will be unable to make it to an appointment. We do realize that there are times when unexpected circumstances make it difficult to attend your scheduled appointments. We just ask you give us as much notice as possible. This is so we can reschedule you for a better time, as well as, opening that spot for another patient. Cancelling an appointment with short notice or no notice takes up valuable clinic time that could benefit another patient waiting for treatment.

**In order to enforce this policy, your credit card on file and/or your account will be charged for any same day cancelation or no show/no call appointment fees. For a SAME DAY CANCELTION a patient(s) will be charged a \$35 fee per missed appointment slot. For SAME DAY CANCELTION appointments scheduled for longer than 1 hour an additional \$35 fee may apply. Meaning, if you have a 90-minute appointment or 2-hour appointment your card will be charged \$70, for the same day cancelation fee. For any appointment that is missed as a NO CALL / NO SHOW, the patient(s) is responsible for the full cost of the service(s), with a MINIMUM fee starting at \$35. ALL fees must be paid prior to making any future appointments.**

Please be advised your insurance will NOT cover charges for late cancellations or no-shows. It is the patient's responsibility. Also, please note that "No-shows" or cancelling appointments without a 24-hour notice more than three times will unfortunately limit your ability to schedule advanced appointments and will result in scheduling same day only.

We want to make your rehabilitation experience as beneficial to you as possible. Your commitment and attendance are very important in achieving this. If you know ahead of time you will have difficulty making your appointment, please discuss this with the doctor or therapist. We will try our best to accommodate you and your needs.

Thank You.

**I have read the above policy and understand my potential financial responsibility for non-compliance.**

Signature of Patient/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_