

Florida Behavioral Medicine Cancellation and No-Show Policy

Florida Behavioral Medicine is committed to providing exceptional, Quality care; However, this is impossible without consistent follow-up visits with your Florida Behavioral Medicine provider or therapist. Now show and late cancellations are costly to the practice and limit access to care for other patients. Your appointment time has been reserved for you, therefore, please have the courtesy to attend your follow-up appointments as scheduled. If you cannot keep your appointment, contact us to cancel or reschedule in accordance with practice policy.

Florida Behavioral Medicine Patient Cancellation and No-Show Policy

1. After ***3*** missed scheduled appointments, the patient will be discharged from the practice.

2. All no-show patients for scheduled appointments are subject to a ***\$50.00 no-show fee***.

It is the patient's responsibility to notify Florida Behavioral Medicine of a cancellation before their scheduled appointment. For follow-up appointments, a notice of cancellation must be given to Florida Behavioral Medicine ***24* hours** prior to the appointment. For new patient appointments, a notice of cancellation must be given to Florida Behavioral Medicine ***48* hours** prior to the appointment. Any appointments cancelled after the 24 or 48 hour grace period will be subject to a ***\$50.00 no-show fee***.

Please arrive 15 minutes prior to your appointment to complete your check-in process. If you have paperwork to complete please arrive 30 minutes prior to your appointment in order to complete it before your scheduled appointment time. If a patient arrives late for their appointment they may be asked to be rescheduled and also charged a no-show fee.

Note: Florida Behavioral Medicine understands that emergencies arise from time to time that may conflict with your scheduled appointments. As a practice, Florida Behavioral Medicine will review all emergencies on a case-by-case basis and work with the patient.

***I have read and understand the Florida Behavioral Medicine Cancellation and No-Show Policy*:**

Print Name: _____

Sign: _____ Date: _____