

## **SOVEREIGN THERAPY CENTER**

### **Cancellation/Missed Appointment Policy**

Our goal is to provide quality therapy services in a timely manner. In order to do so, we have had to implement an appointment/cancellation policy. This policy enables us to better utilize available appointments for our patients in need of therapy services.

#### **Cancellation of an Appointment:**

In order to be respectful of the therapeutic needs of other patients, please be courteous and call the office promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of therapy. If it is necessary to cancel your scheduled appointment, we require that you call at least 48 hours in advance. Appointments are in high demand, and your early cancellation will give another patient the possibility to have access to our supreme therapy services.

#### **How to Cancel Your Appointment:**

To cancel appointments, please call 678-421-4351 or email us at SovereignSpeechLLC@gmail.com. If you do not reach the receptionist you may leave a detailed message on the voice mail. If you would like to reschedule your appointment, please be sure to leave us your phone number and let us know the best time to return your call.

#### **No-Show Policy:**

A "no-show" is someone who misses an appointment without calling 24 hours in advance to cancel. "No-shows" inconvenience those individuals who need access therapeutic care in a timely manner, as well as the therapists. A failure to show up at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show". The first time there is a "no-show" there will be no charge to the patient. Any additional "no-shows" will result in a fee of \$45.00 for regular appointments and \$60.00 for therapy evaluations and/or re-evaluations. If a patient accumulates 3 "No-shows", he or she may be asked to leave the practice.

#### **Cash Only:**

If you are uncomfortable using a credit card, following your first "no-show" a \$45.00 cash deposit will be required to schedule future appointments and a \$60.00 cash deposit will be required prior to therapy evaluations and/or re-evaluations. This amount will be applied to your bill on the day of the appointment and any remaining balance will be refunded at this time. No checks are accepted.

#### **Late Cancellations:**

Late cancellations will be considered as a "no-show". Exceptions will only be made in extraordinary circumstances. Cancellations made more than 24 hours in advance of your scheduled appointment time will not be assessed a cancellation fee.

I understand this policy and authorize Sovereign Therapy Center, LLC to assess cancellation and no show fees according to the above outlined policy to the credit card listed below.

---

Patient (or responsible financial party)

---

Signature Date

---

Printed Patient Name

Credit Card Information: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover Number:

\_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address:

---