



## **Cancellation & No Show Policy**

At Afg Guidance Center, we trust you share our belief that therapy is medically necessary and receiving the prescribed therapy is crucial to a successful outcome for your child. We understand there will be times when your child is sick or other unavoidable events will prevent you from keeping your regularly scheduled medication, assessment, and therapy appointments. If this occurs, we ask that you contact your treatment provider as soon as possible so that they have the opportunity to reschedule the missed appointment and fill your child's time slot with another appointment. Our doctors and clinicians will do whatever they can to be available to your child and accommodate your family's schedule when making appointments. It is expected, in turn, that you will schedule appointments in good faith and facilitate adequate time in your schedule to keep your child's therapy a priority. This policy is effective immediately.

### **Policy:**

- We require 24 hours notice in the event of a cancellation. It is your responsibility, when you call in, to have an alternative time in mind that will ensure you get the full treatment for that week. In some cases this may not work.
- A No Show is a missed appointment that was not canceled within the 24 hour window.
- We cannot bill your insurance company for No Show appointments. Therefore, you will be responsible for fees associated with this missed session.
- Missed Psychiatric Evaluation and Medication Follow Up Appointments are billed at a no show rate of \$240.00 per scheduled hour for the psychiatric evaluation and per each missed medication management appointment.
- Missed Psychological Testing, Neurofeedback, and Therapy appointments are billed at \$140.00 per scheduled hour.
- If you have questions regarding this policy, please speak with your individual treatment provider.
- I have read, understand, and agree to this Financial Policy.

I have read and understand Afg Guidance Center's Cancellation and No Show Policy.

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of Client or Responsible Party

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of Afg Guidance Center Staff member