



## Clarity Mental Health, LLC Patient Cancellation/No Show Policy

Clarity Mental Health, LLC is committed to providing exceptional, quality care; however, this is impossible without consistent follow-up visits with your Clarity Mental Health provider. No shows 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 visits as scheduled. If you cannot keep your appointment, contact us to cancel/reschedule in accordance with practice policy.

### Clarity Mental Health, LLC Patient Cancellation and No Show\* Policy:

1. All no call/no show appointments are billed based off of the time allotted for your appointment and are applied as follows: **\$50 fee for a 15 minute appointment, \$75 fee for a 20 minute appointment, \$100 fee for a 30+ minute appointment.**

*Please note, this fee is billed directly to the you, and is not reimbursable by your insurance. Failure to pay this fee may result in discharge from this clinic. Emergency cancellations are addressed on a case by case basis by your individual provider.*

2. After three missed scheduled appointments, the patient will be discharged from the practice.

It is the patient's responsibility to notify Clarity Mental Health, LLC of a cancellation at least 24 hours (one business day) in advance of the scheduled appointment to avoid the no show fee. Appointments canceled less than 24 hours in advance are considered a no show and will be charged according to the above listed fee schedule.

*\*No shows are calculated based on a consecutive 12-month period.*

Please arrive 15 minutes prior to your appointment to complete the check-in process. Appointments are time based. **If you arrive more after your scheduled appointment time, you may be asked to reschedule and will be charged a no show fee in accordance with the above listed fee schedule.**

**NOTE:** *We understand emergencies arise from time to time, and a late cancellation may not be avoided, in which case Clarity Mental Health staff will review emergency situations on a case-by-case basis.*

I have read and understand the Clarity Mental Health, LLC patient cancellation and no show policy:

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**Patient Name (PRINT)**

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*Patient Name (SIGN)*

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*Date*

*Please notify receptionist if you would like a copy of this form for your records.*