

BIO-BEHAVIORAL MEDICAL CLINICS, INC

No-Show & Appointment Cancellation policy

We require your cooperation to provide you with outstanding service. In the event that you must cancel a scheduled appointment, it is your responsibility to do so in a timely manner.

Please call our office at least 24 hours in advance to cancel or reschedule your appointment. Failure to keep an appointment will result in a \$50.00 no show charge. Cancellation within 24 hours of an appointment will incur a \$30.00 late cancellation charge. Neither of these charges is covered by any insurance plans. You are responsible for payment and will be billed directly.

Please be advised that you may be dismissed from our practice and asked to find a new provider after (3) no-shows.

It is BBMC's practice to make appointment reminder calls as a courtesy to our patients. It is your responsibility to provide our office with current and accurate contact information.

I have read, understood, and agreed to the above Appointment Cancellation Policy.

Patient's name: _____

Signature: _____ Date: _____
(Guarantor if patient is minor)