

PSYCH CARE ASSOCIATES NO SHOW POLICY

Thank you for choosing your care at Psych Care Associates, P.C. ("PCA"). When you schedule an appointment with PCA we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

- Effective September 1, 2018 any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours notice will be considered a No Show and charged a \$ 50.00 fee.
- If a second No Show or cancellation/reschedule with no 24 hour notice should occur the patient may be dismissed from PCA.
- Any new patient who fails to show for their initial visit will not be rescheduled.
- The fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit. If you are a Medicare or MassHealth health insurance recipient you will not be charged a no show fee but PCA retains the right to dismiss you from the practice.
- As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact your psychiatrist, or therapist , who may be able to waive the No Show fee. You may contact PCA 24 hours a day, 7 days a week via the patient portal and leave a message for your clinician.

PCA website: www.pcaludlow.com

PCA patient portal: <https://2941.portal.athenahealth.com/>

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Signature (Parent/Legal Guardian)

Relationship to Patient

Printed Name

Date