

Sterling Behavioral Health Services, LTD

Cancellation Policy Agreement

Revised: 05/15/2010

This agreement supersedes all previous related agreements.

My signature below is my acknowledgement that I have read the SBHS cancellation policy and that I agree to adhere to the guidelines and fee schedule as set forth in this policy:

Because SBHS does not overbook appointments and your time is especially set aside for you, these charges are necessary. Your therapist and other patients are directly affected if you fail to show up for your scheduled appointment. Every effort is made to see you on time and if you do not come or cancel in a timely manner, your therapist loses that income and can not effectively fill that appointment time. Consequently:

- All appointments must be canceled by 11:00 a.m. of the business day before the scheduled appointment.
- Failure to do so will result in a missed appointment charge. The fees are as follows:
 - \$75.00 for therapists
 - \$100.00 for psychiatrists (M.D.)
 - \$100.00 for psychologists (PhD)
 - \$100.00 per scheduled unit of psychological testing, 3 units would be \$300.00
- I understand if I leave within 30 minutes of my scheduled appointment with a psychiatrist (M.D.), I will be charged \$100.00
- I understand if I arrive 20 or more minutes late for an appointment, I will be charged for a missed appointment.
- I understand that if I arrive for an appointment without the proper copay I will be assessed a \$20.00 administrative fee to cover the additional administrative cost to the practice.
- I understand that if I have a balance on my account that it needs to be paid before my appointment and that failure to pay the debt may result in me not being seen and a missed appointment fee being added to my account. If you are unsure of your balance you may call SBHS.
- SBHS will not refuse to see a patient if it is medically necessary, regardless of the account status.
- I understand that it is my responsibility to check the appointment card at the time that it is issued to verify the proper date and time are listed on the card. SBHS will not waive a missed appointment fee because of an error on a card.
- I understand that in the event of snow or inclement weather I may cancel an appointment with less than the required notice if and only if both of the following criteria are met.
 - a. Loudoun County Government (NOT THE SCHOOL SYSTEM) is closed
 - b. I call to cancel my appointment PRIOR to the appointment time (If I can't get through, I understand I must leave a voice mail message).
- I understand that if a patient is unable to make an appointment due to illness that they may cancel the appointment with less than the required notice if and only if all of the following criteria are met.
 - a. The patient is seen on the same day as the scheduled appointment
 - b. SBHS needs a note from the doctor or hospital with the date and time of the appointment
 - c. I call to cancel my appointment PRIOR to the appointment time

Patient or Guardian Initials

Date

Sterling Behavioral Health Services, LTD

How to Cancel an Appointment

- **By Phone at (703) 858-9841 extension 100**

I understand that if I cancel an appointment by phone, before the required notice, that I will receive a cancellation code from the SBHS staff member.

I agree that it is my responsibility to get and keep that number.
No fees will be retracted without that number.

I understand that due to high call volume, all voice mail calls are logged as to time and date received and a timely voice mail will constitute cancellation.

I agree that if I leave a voicemail cancellation message that I will call the following business day to receive a cancellation number.

I agree that it is my responsibility to get and keep that number.
No fees will be retracted without that number

- **In person at the SBHS office**

I understand that if I cancel an appointment in person, before the required notice, that I will receive a cancellation code from the SBHS staff member.

I agree that it is my responsibility to get and keep that number.
No fees will be retracted without that number.

I understand that I may ask for SBHS to review a missed appointment fee:

If I pay half of the fee pending the outcome of the appeal.
If I submit the appeal, in writing, within 30 days of the missed appointment.
That all appeal decisions are final.
Appeals will not be handled over the phone

By signing this form, I acknowledge that I have read, fully understand and agree to abide by the policies and fees on both pages of this SBHS policy for canceling appointments.

Patients Name: _____ Signature: _____

Parent / Guardian's Name: _____ Signature: _____

Witness: _____ Date: _____

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