



No Show Policy

Patient Name: _____

In the event that you will not be able to keep your scheduled appointment, we ask that you call our office in within at least a 24-hour notice. In the event that you do not show for an appointment, call within less than 24 hours prior to your appointment to cancel, or fail to provide a documented or reasonable excuse for having missed the appointment, you will be charged a \$30.00 no show fee.

In the event of 3 consecutive no shows, The Hope Counseling Center of Savannah reserves the right to refuse to schedule you for any further appointments. Please make certain that you regularly attend your scheduled appointments or call well in advance to cancel or reschedule to avoid any disruption in your care.

Please note, insurance does not reimburse for no show fees.

By signing below, you fully acknowledge that you have been made aware of the no show policy.

Signature

Date