Late, Cancellation, and No-Show Policy

Mountain View Therapy Services values all of our patients and their needs. We attempt to provide care to our patients in a timely manner, and we ask that our patients be respectful to fellow patients and their treatment needs as well as our therapist's schedules. We ask that you schedule your therapy appointment for a time when you do not have conflicting agendas. If you find that there is a conflict and you are unable to attend your appointment, we require a 12-hour cancellation notice. This allows us to fill your appointment time with another patient in need of care.

Late Policy

If you are going to be late for an appointment, we ask that you call and let us know you are on your way. However, please understand that if you are more than *15 minutes late* you may have to reschedule your appointment.

Cancellation of appointment(s)/No-Shows

Patients wanting to cancel an appointment are asked to call the office at least 12 hours in advance to avoid an inconvenience charge of $25, which is not payable by any insurance company.

Patients who do not show up for an *initial evaluation* without calling will be charged a $50 inconvenience fee, which is not payable by any insurance company, before being allowed to reschedule their appointments.

Patients who do not show up for therapy appointments without calling **2 times** will be discharged from treatment. If a patient desires to continue treatment, he or she will be charged a $50 inconvenience fee before being allowed to schedule further.

Informed Consent/Agreement

I have been informed of and understand the facility's late policy. I also have been informed of and understand the facility's cancellation/no-show policy. I understand that a no-show or cancellation with less than 12 hours notice will result in a charge that is not covered by any insurance. I understand that 2 no-shows for scheduled appointments will result in discharge from therapy.

Patient Name (please print): _____

Signature of Patient/Guardian: _____ Date: _____
(Parent's Signature if Minor)