



No Show, Late Cancellation, and Out of Pocket Agreement

Consistent attendance is the foundation for an effective and positive treatment experience. There are times when you may need to cancel your appointment due to an emergency or obligations that are unavoidable. However, when you do not call to cancel an appointment that prevents another client from having the opportunity to be seen. If you must cancel an appointment, please give 24-hours notice.

In addition, it is also expected that you will be on time for all appointments to receive the benefit of a full session. Clients who arrive more than 15 minutes late for an appointment may have to reschedule their appointment.

Multiple late or missed appointments may result in dismissal from the practice.

I understand that I may be charged a late cancellation fee of \$25 if I fail to give at least 24-hours notice prior to canceling my appointment.

I understand that I will be charged a NO SHOW fee of \$50 if I fail to show up for my appointment and provide no notification.

I understand that I am responsible for the full amount per session as explained in the Good Faith Estimate if I plan to self-pay, have no insurance coverage at the time service is provided, or I'm considered out-of-network.

I understand that I am responsible for knowing my co-payment/coinsurance amount and deductible amount if I plan to use my insurance to pay for treatment. I understand that these charges are an out-of-pocket expense and that my insurance carrier will not cover these charges.

I understand that my appointments may last between 30 - 60. I understand that if I am late to the appointment, I will still have to end the session at the allotted time. By signing this form, I am agreeing to the above-stated terms and stipulations regarding the services I receive from InSight Treatment Services LLC.