

## MISSED VISIT POLICY

Thank you for entrusting Holistic Healing Center with your health!

Our goal is to help you reach **full recovery**. Your doctor will provide you with your plan of care during your evaluation and will inform you of the required number of visits to help you achieve your goal. *As experts, we know that you will not reach full recovery if you do not attend your appointments.* To help ensure your best chance at recovery, we will work with you to schedule out your appointments, and you will need to attend each visit.

If you're running late for your appointment, you're missing the time that we specifically scheduled for your care. Please call us immediately so we can consult with your doctor and prepare for your late arrival. If you are more than 15 minutes late, your session may need to be rescheduled. If that occurs, you will incur a missed visit charge. Chronically late patients will be asked to change their appointment times.

While we understand that illness can strike at any time, we still expect that you will work to provide us with the 24 hours' notice required to reschedule your appointment. Please call Holistic Healing Center during business hours Monday through Saturday at (732) 252-6155, and have your calendar handy so we can reschedule you right away.

When you schedule an appointment with us, we set aside enough time to provide you with the highest quality care. Our schedule is very full and certain time slots are not always available for other patients who need them. **Should you need to cancel or change a scheduled appointment, we require 24 hours' notice. This gives us time to schedule other patients who may be waiting for an appointment. There is a \$50 fee if you do not provide at least 24 hours' notice of your appointment change or cancellation.** This non-negotiable fee is charged to you, the patient, not the insurance company, and is due at the time of the late cancellation or missed office visit.

Patients who have multiple same-day cancellations or no-shows, will be removed from the schedule. We will also notify your physician of your non-compliance.

We require a credit card on file and will charge this card at your next office visit. Thank you for your cooperation.

CC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

### CONSENT

I have read Holistic Healing Center's Missed Visit Policy and understand it's terms.

Patient Name (Print): \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_