



## CANCELLATION AND MISSED APPOINTMENT AGREEMENT

### Cancellation of an Appointment

In order to be respectful of the therapy needs of other patients, please be courteous and call SPEECH MATTERS promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Otherwise, THE PATIENT WILL BE CHARGED A \$50 CANCELLATION FEE FOR THE APPOINTMENT.

Note that a late cancellation may be rescheduled TO AVOID THE CANCELLATION FEE if the appointment is rescheduled within the same Monday-Friday period (prior to the upcoming weekend). In other words, if a patient begins the week with two appointments and completes the week having had two treatments, no cancellation charges will be assessed if one appointment had been cancelled late and rescheduled.

### No Show Policy

A "no-show" is someone who misses an appointment without cancelling it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in the your medical record as a "no-show".

- First missed appointment: \$25 no-show fee will be charged.
- Second missed appointment: \$50 no-show fee will be charged.

### Late Policy

If a patient is more than 20 minutes late for an appointment, SPEECH MATTERS reserves the right to cancel the appointment and charge a \$50 late cancellation fee.

### Discharge Policy

If a patient cancels or does not show up for an appointment for 3 or more times within a 3-month period, the patient will be taken off the master schedule and will forfeit all further permanent appointments.

Note: If a patient does not honor a rescheduled appointment, either by cancellation or a no-show, THE PATIENT WILL BE CHARGED THE \$50 CANCELLATION FEE FOR BOTH THE ORIGINAL CANCELLATION AND THE RESCHEDULED APPOINTMENT.

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\_\_\_\_\_ I understand that I am responsible for all late cancellation or no-show fees. I agree to treatment on the above terms.

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Patient Signature

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Date