Barry F. Gritz, M.D.

Christine Wysong, APRN, PMHNP, BC

Alexis Williams, APRN, PMHNP, BC

Simonpeter Emokpaire, APRN,PMHNP,BC

2211 Norfolk St., Ste. 410 Houston, TX 77098 713-869-7400 OFFICE 713-869-7404 FAX Board Certified
Diplomat of the American Board
of Psychiatry and Neurology

Tax ID # 271577881 NPI # 1487635892 BG NPI# 1821157363 CW NPI#1831561901 AW NPI#1578106217 SE

WWW.BarryGritzMD.COM

Office Cancellation Policy

Dear Future Patient,

Our office provides a courtesy call to patients 24 to 48 hours before their appointment; however the appointment is ultimately your responsibility. When canceling an appointment, a 24 hour notice is required. If you need to cancel a Monday appointment, you can email our office at barrygritzmd@gmail.com or you can call Dr. Gritz's direct line at 713–248–5588, Christine Wysong at 817–228–3238, Alexis Williams at 832–545–7127 or Simonpeter Emokpaire at 832–757–7447 on Friday, Saturday, or Sunday and leave that message. If you do not cancel your appointment, we are not able to make contact with you, or you do not show up for the appointment, you will be charged the full amount of the appointment. Remember your insurance will not pay for a missed appointment; therefore you will be 100% responsible for the full cost of missed appointments.

This policy is in effect to insure that all patients are seen in a timely manner. No Show appointments are a missed opportunity for a patient who wants and needs to be seen. By signing below you acknowledge that your credit card will be charged the full amount of the appointment if you do not cancel 24 hours prior, or you did not attend your appointment.

Please sign below and fax back to the office at 713-869-7404, E-Mail to barrygritzmd@gmail.com (for the purpose of returning this form only) or mail back to us. If this letter was mailed to you, a return envelope has been included. If you prefer you can email the completed forms to barrygritzmd@gmail.com or bring with you to your appointment.

Patient or Guardian Signature	Date
Print Name	Date and Time of Appointment