



**DARBOUZE, LLC**

Phone: 856-200-3522/ Fax: 856-242-2955

## **Cancellation Policy**

Our goal is to provide quality therapy services in a timely manner. To do so we have had to implement an appointment cancellation policy. The policy enables us to better utilize available appointments for our clients in need of therapy services.

To be respectful of your physician, therapist, and other therapy) clients, please be courteous and call Darbouze, LLC if you are unable to attend an appointment. This time will be reallocated to another therapy client. This will enable us to best serve the needs of our clients.

If it is necessary to cancel your scheduled appointment, we require that you call by **10 am one working day in advance of your appointment**. Appointments are in high demand and your early cancellation will give another person the possibility to have access to therapy services. We appreciate prompt arrival for appointments.

**To cancel your appointment, please call: 856-200-3522**

If you do not reach the receptionist, you may leave a detailed message on the voicemail. There will be no cancellation charge for appointments cancelled by 10 am one working day in advance of your appointment.

A late cancellation will be considered a "no show". An administrative fee of **\$75.00** will be billed to you. This fee cannot be billed to your insurance. You will receive a letter indicating the date of the missed appointment along with this bill. This letter will also be placed in your therapy file. Three "no shows/late cancellations" will result in the temporary suspension of services. To reinstate services, the client/responsible party will be required to meet with the Clinic Supervisor.

Please sign below to indicate that you have received a copy and understand this policy:

**Signature of Client** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Guardian** \_\_\_\_\_

(If client is 18 years or younger)

**Date** \_\_\_\_\_

*Thank you for choosing Darbouze, LLC*

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