



Meridian
HEALTH
1325 Airmotive Way
Suite 240
Reno, Nevada 89502
(775) 737-9001 phone
(775) 870-1628 fax

Attendance and Cancellation Policy

******PLEASE READ THIS POLICY CAREFULLY! MERIDIAN HEALTH'S ATTENDANCE/CANCELLATION POLICY IS FULLY TRANSPARENT AND BY ADHERING TO THIS POLICY MISUNDERSTANDINGS SURROUNDING ATTENDANCE AND CANCELLATION CAN BE COMPLETELY AVOIDED******

There is a shortage of mental health services in our community, and while we value your time, we strive to maximize the availability of services to as many members of the community as possible. To achieve this, we need to hold a high standard for our staff and clientele, as it relates to attendance and cancellations.

Meridian Health expects clientele to be present for scheduled services. Efficacy of treatment requires consistent attendance and is utilized as part of the treatment planning process. Treatment and adherence are always "at will" and voluntary, however; effective treatment is at the discretion of the practitioner and treatment team. Clientele are expected to follow the treatment plan to attain positive treatment results.

******A MINIMUM NOTICE OF 24 HOURS IS EXPECTED FOR ALL CANCELLATIONS OR RESCHEDULED APPOINTMENTS. WITH THE EXCEPTION OF MONDAY APPOINTMENTS, IT IS EXPECTED THAT YOU CALL THE SATURDAY PRIOR BEFORE 3:00PM ******

- ❖ Late Cancellations are defined as any cancellation that occurs under 24 hours prior to the beginning of a session and more than 1 hour prior to your session. For sessions that occur on Monday's, a late cancel would be any time after 3:00PM on the Saturday or Sunday prior to the Monday appointment. This type of cancellation will be assessed a fee of \$65.00.
- ❖ A "Last Minute Cancel/No Show" is defined as cancelling a session within 60 minutes prior to a scheduled session (example: not cancelling by 12:00PM for a 1:00PM session) and when contact was not made with our office prior to the start time of your appointment. A "Last Minute Cancel/No Show" fee will be assessed a fee of the insurance allowable for your session time. **Last Minute Cancel/No Shows are billed at fee between \$65-\$165 depending on insurance allowable or \$300 for cash clients or newly established clients who have never been billed in our office.**

Client Initials: _____

Meridian Health Staff Initials: _____



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- ❖ After any of the following have occurred, your case will be staffed by our administration and/or treatment team and you may be terminated from services:
 - Two (2) concurrent weeks of either late cancellations or “Last Minute Cancel/No Show” appointments
 - Three (3) late cancellations or “Last Minute Cancel/No Shows” in any 90-day period
- ❖ One (1) “No Show” or continual late cancellations may lead to removal from a standing appointment and appointments will be made on a week-to-week or cancellation availability basis only.
- ❖ After a “No Show” appointment occurs and you have not contacted our office within 10 business days to reschedule, Meridian Health will accept that as your notice that you have terminated services with our office.

When an appointment is scheduled with Meridian Health, you are holding a time slot on a provider’s calendar that cannot be used in treating another client. This is time reserved for you and it is expected this time will be well utilized. “No Shows” to appointments impact our ability to serve others in the community and are not tolerated.

We understand that at times life interferes with your ability to present for your sessions. Understandably, this can be extremely frustrating and very inconvenient for yourself, your family, and your work. Though we fully understand that “life happens” and sometimes you cannot make it to your appointment for a variety of reasons, this does not change the fact that our professional staff held this time for you; time that cannot be used to help others and time that providers rely on financially to pay their own bills. Because of this, ***we have a “no exceptions”*** rule in regard to late cancellations/no shows to appointments, as we can only rely on the facts in regard to attendance (similar to a hotel room, we hold an hour for you and you alone; if you are not present, we cannot fill that appointment time, but still should be compensated for the time we lost). Below are a few examples of reasons we hear as excuses that DO NOT excuse you from this policy:

- Being called in to work unexpectedly
- Illness of you or family members
- You or your dependent not being able to attend daycare or school
- Transportation related problems, including flat tires, dead batteries etc.
- Simply forgetting about your appointment or being double booked

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A reminder contact will be attempted 1-2 days prior to your appointment either via email, text and/or phone call. This reminder is for your convenience only and should not be relied upon. Telehealth is always an option to ensure you do not get charged for a late cancel or no show.

******ALL SESSION FEES, INCLUDING LATE CANCELS AND NO SHOWS WILL BE CHARGED TO THE CREDIT CARD, YOU HAVE GIVEN US ON FILE. IN ORDER TO MAKE AN APPOINTMENT WITH MERIDIAN HEALTH YOU MUST COMPLETE THIS AGREEMENT AND HAVE A CREDIT CARD ON FILE PRIOR TO YOUR INITIAL APPOINTMENT. IF YOU EITHER LATE CANCEL OR FAIL TO PRESENT FOR SERVICES, YOU WILL BE RESPONSIBLE FOR A LATE CANCEL OR NO-SHOW FEE EQUAL TO OUR CASH RATE BECAUSE YOU ARE A NEW CLIENT AND WE CANNOT TELL WHAT YOUR INSURANCE REIMBURSABLE WOULD BE UNTIL WE BILL FOR SERVICES. ******

******ALL CREDIT CARDS ARE INPUT INTO OUR SECURE DATABASE AND MAY BE CHANGED AT ANYTIME. HOWEVER, IF YOU HAVE AN ACCOUNT BALANCE, THIS MAY BE PAID OFF BEFORE ANY CARD CAN BE REMOVED. ******

By signing below, I attest that I have provided a credit card, debit card, HSA (health spending account) card or any other alternative form of card payment and I am authorizing Meridian Health to use this form of payment at the time of scheduling services. Further, I agree that this card may be used at the time of services and/or thereafter to pay for copays, co-insurance, deductibles, late cancellations and "No Shows," as well as, fees associated with the services I have been offered or provided at Meridian Health. I also agree to provide a new card, if and when needed, as a means of securing my appointments with Meridian Health and will inform Meridian Health staff if/when a replacement card may be needed to secure said services. Furthermore, I agree that I am fully aware of and understand the "no exceptions" policy regarding the late cancellations and "No Show" appointments. I also agree that I have been offered the opportunity to ask questions and be provided clarification surrounding this policy prior to initiated services with Meridian Health.

Printed Name: _____

Signature: _____ Date: _____

The above policy was reviewed with the client verbally and I attest that the client was offered a satisfactory explanation of this policy and all questions were answered to the client's satisfaction.

Client Initials: _____ Meridian Health Staff Initials: _____