



Barnabas Behavioral Healthcare, LLC

Specializing in the Strategic Integration of Behavioral and Medical Care

Glenn P Zaepfel, Ph.D.

Linda C Zaepfel, APRN-BC, LISW-CP

Jonathan Wright, LPC

David C Jones, FNP-BC

Laura J Miller, LICSW-CP, MAC, CACII

Nola C Burnette, LISW-CP

Megan N Zaepfel, FNP-BC

Thomas E Cromer, LISW-CP

Rachel Lewis, LISW-CP

Allison Shipman, LISW-CP

Main Office: 409 Evelyn Drive, Columbia SC 29210 p.803-216-0850 f.803-216-0420 www.barnabashealthcare.com

No Show/ Late Cancellation Policy

If you know that you are unable to make your appointment, we encourage you to give your slot to another patient by letting us know with advanced notice. They would do the same for you.

We understand that sometimes there are unexpected events that may prevent you making your appointment. We also understand that there are patients in need of an appointment that would benefit from taking your appointment time (should you not be able to attend). For this reason, we have a strict no-show/ late-cancellation policy.

We require 24 hours' notice for a cancellation without charge. Please give us one FULL BUSINESS DAY of notice of your cancellation. For example, if your appointment is 8AM on Monday morning, leaving a message on Sunday or Saturday will not allow us time to schedule another patient in that slot. The same is true if you were to call on Friday afternoon, there would still not be enough time to schedule the open slot. To correctly cancel this appointment, you would need to call us prior to 8 AM on Friday.

We are a non-acute care facility and do not have staff answering and scheduling calls after normal business hours.

EXAMPLE: Your Appointment time is 1:00PM Friday afternoon and you need to cancel.

WRONG WAY- Not show up at all or call us after 1:00PM on Thursday to cancel

RIGHT WAY- Call prior to 1:00 the Thursday

First No-Show/ Late Cancellation- \$50.00

Second No-Show/ Late Cancellation- \$100.00 and possible forfeiture of standing appointment slots.

Additional No-Show/ Late Cancellation- \$100.00 and possible termination for our practice

Your insurance company will not pay for no shows.

We will do our best to send reminders of when your appointment time is however this is a courtesy only.

Acknowledgement of No Show/ Late Cancellation Policy

I have read, understood, agree, and received a copy of Barnabas Behavioral Healthcare LLC **No Show/ Late Cancellation Policy** and a copy of this form will be retained in my medical chart.

Signed: _____ Date: _____

Patient Name: _____

Parent/Guardian
Name: _____

Patients under the age of 18 require parent or legal guardian signature