

Missed Appointment or Late Cancellation Fee Appeal Form

The time we set aside to meet is your time; when the appointment is missed without calling to cancel or cancelling with less than 24 hours, I cannot give that time to another patient. In our office policy, we do state that we charge a \$75 fee for missing appointments or cancelling with less than 24 hour notice. If you dispute my decision regarding the fee, please complete this appeal form, as I determine the policy regarding missed appointments.

If you cancel an appointment with less than 24 hours notice, we will urge you to take advantage of using telehealth for the appointment. Because I do offer this option to keep your scheduled appointment time, there is a \$75 for declining to use this option to complete your scheduled appointment. I appreciate that you've called to cancel, but with less than 24 hours notice the appointment time is not really available for another patient's care.

If you miss your appointment, there is a \$75 fee.

To be fair across all patients, I enforce this policy without attempts to judge your reason for not providing notice for cancellation or less than 24 hours notice. This decision is not to invalidate anyone's reason for not providing 24 hour notification; rather, again it is in recognition that I do not want to treat anyone unequally or unfairly.

If you believe you have been incorrectly charged a missed session fee and/or wish to request a waiver of the missed appointment fee, I invite you to complete the following form within 2 weeks of the missed appointment. Please do keep in mind that our late cancel/no show policy remains intact and typically only documented extraordinary circumstances result in waiver of valid missed appointment fees. Completing this Missed Appointment Appeals Form does not guarantee that the cancellation fee will be waived.

Name of Patient/Client:

Date and Time of Missed Appointment/ Late Cancelled Appointment:

Name of Doctor You Were Scheduled to See:

Describe the reason for requesting special consideration:

Do you have additional documentation to support your request? If so, please email this form and supporting documents to your doctor or info@ghapsych.com