



142 Main Street E. | Girard, PA 16417 | 814-324-5373

www.anchorpointcounselingcoaching.com

Late Cancellation and No-Show Policy

Purpose:

To ensure timely access to care for all clients and maintain operational efficiency, this policy establishes guidelines for late cancellations and missed appointments.

Policy Statement:

Clients are expected to attend all scheduled appointments. If a client is unable to attend, they must provide advance notice to allow the practice to offer the appointment slot to another individual in need of services.

Definitions:

- **Late Cancellation:** Any appointment canceled with less than 24 hours' notice.
- **No-Show:** A client who fails to attend a scheduled appointment without prior notice.

Cancellation and No-Show Guidelines:

1. **Notice Requirement:** Clients must cancel or reschedule appointments at least 24 hours in advance.
2. **Late Cancellation Fee:** Clients who cancel an appointment with less than 24 hours' notice may be charged a fee of \$50.00.
3. **No-Show Fee:** Clients who fail to attend an appointment without notice may be charged a fee of \$150.00
4. **Exceptions:** Fees may be waived under certain circumstances, such as emergencies or unavoidable situations, at the discretion of the practice.
5. **Repeated Violations:** Repeated late cancellations or no-shows may result in:
 - A requirement for pre-payment before scheduling future appointments.
 - Temporary suspension of services.
 - Termination of services, as determined by the provider.
6. **Insurance Coverage:** Insurance plans do not cover late cancellation or no-show fees. Clients are responsible for these charges.

Procedure for Cancellations:

To avoid a late cancellation fee, clients must notify the clinic by calling 814-324-5373 or emailing Jennifer@anchorpointcounselingcoaching.com at least 24 hours before the appointment. If a client repeatedly cancels appointments, a discussion will be held regarding their commitment to treatment and alternative scheduling options.

Consent & Acknowledgment

By signing below, you acknowledge that you have **read, understood, and agree** to the information outlined in this Late Cancellation and No-Show Policy at Anchor Point Counseling & Coaching.

Client Name (Printed): _____

Client Signature: _____ Date: _____

