

**#2.**

**Balances / Fees / Cancellation / Rescheduling / No-Show & Professional Services**

- For any canceled or rescheduled appointment within 24 business hours or in case of a no-show, RCN Fee will be automatically charged to your credit-card on file as per RCN Fee schedule.
- Patients who arrive more than 15 minutes after their scheduled arrival time, will not be seen, will be rescheduled and charged to credit-card on file as per RCN fee schedule.
- Cancellation / Rescheduling / No-Show fee is nonrefundable. Emergencies may be considered with a proof and charges may be discounted/waived at the time of next appointment.
- Missed appointments will be documented in your records. If you no-show three (3) or more appointments in a 90 days period, we are to understand that you no longer need our services and may not be able to schedule an appointment for you; may use "Termination of Physician-Patient Relationship" listed above.
- MCP is under no obligation to render services to you if you cannot pay copays/co-insurance/deductibles or you are unable to clear your balance or unable to make the payment-plan. You will be rescheduled until all monies are paid or proper arrangements are made.
- We realize temporary financial problems may affect you to clear your account balance. Should this occur, please contact us ASAP to assist you.
- If the Amount due is not received by the payment-plan due date, you will be charged a late fee of \$25.00. All your future appointments will be canceled any time payment-plan payment is missed.
- Upon missed payment-plan payment;
  - o **your balance in full must be received before any future appointments can be scheduled**
  - o **must be received by/before the 21<sup>st</sup> day of your missed payment-plan date or your past-due account may be referred to collections**
  - o **your Psychiatrist-Patient relationship may be terminated.**

Cancellation / Rescheduling / No-Shows (RCN) Policy

**Cancellations/Rescheduling in less than 24 business hours or No-Shows will be automatically charged as per RCN Fee schedule to credit-card on file. More than 15 minutes late to the appointment will be rescheduled and will be automatically charged as per RCN Fee schedule to credit-card on file.**

\_\_\_\_\_ (please initial)

Cancellation / Rescheduling / No-Shows Limit:

Cancellation / Rescheduling / No-Shows Limit per 90 days is maximum one (1)

\_\_\_\_\_ (please initial)

- RCN Fee Schedule;
  - o All meds management 40 minutes appointment no-show fees would be \$150.00
  - o All therapists appointment no-show fees would be \$150.00
  - o All 20 minutes appointment no-show fees would be \$75.00

**Credit-Card Information**

Credit Card

Debit Card

Name of Card Holder			
Card # (last 4 digits only)	XXXX-XXXX-XXXX-		
Card Expiration Date		Card Security Code	XXX

I, hereby authorize Mid Cities Psychiatry to debit my/our credit card account as per RCN Fee schedule anytime there's a canceled or rescheduled appointment within 24 business hours or in case of a no-show.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient or Responsible Party (if minor Patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative (If Applicable)

\_\_\_\_\_  
Date