



17101 Snowmobile Lane Suite 109  
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## NO SHOW/LATE CANCELLATION POLICY

Effective **January 1<sup>st</sup>, 2023**, it is the policy of The Talking Place Child and Adolescent Counseling to monitor and manage no-show appointments. We understand that life happens, and circumstances may arise that require an appointment to be rescheduled. We ask that these cancellations are done in a timely manner to ensure our ability to provide timely access for all our patients. When appointments are scheduled and result in a no show or a last-minute cancellation, this can have negative impacts to patient care, productivity, patient education, and access to our providers. This policy is designed to minimize disruptions in the scheduling process and delivery of care.

### **What is a “no show” and “late cancellation”?**

A patient who “no-shows” is absent 5 minutes after the start of their appointment and does not call or notify an office administrator of their absence.

A late cancellation refers to a patient or their parent/guardian who calls to cancel an appointment on the same day. Late cancellations incur the same penalty as a no-show.

After a patient has reached 3 “no-shows” within a 12-month period, all future appointments will be removed from the provider’s schedule, and we will require all scheduling be done on a week-by-week basis moving forward.

### **What are the penalties for no shows and late cancellations?**

No-shows and late cancellations incur fees in the same manner. After the first no-show/late cancellation, the patient will incur a \$25 fee on their account. After the second, a \$75 fee. After the 3<sup>rd</sup> or more, a \$125 fee. Most insurance policies do not cover no-show/late cancellation fees so the financial responsibility will be on the guarantor of the patient’s account. We will require a debit/credit card be kept on file for all patients. Your card will only be charged in the instance you incur a no-show fee.

### **How can you avoid no shows and late cancellations?**

It is always recommended to arrive on time for your appointment. Please note that if you arrive more than 5 minutes after your appointment, we may need to reschedule it to another day.

Patients/parents/guardians can avoid no-show and late cancellation fees by calling or cancelling via reminder email at least **24 hours ahead** of the appointment time.

**Thank you for working with us to ensure all patients have access to the care they need!**



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### CREDIT CARD PREAUTHORIZATION FORM

I authorize The Talking Place, Child and Adolescent Counseling, LLC to keep my signature on file and to charge fees, or partial fees, to my Credit Card account for services provided to

\_\_\_\_\_ (Print Patient or Client Name)

for any fees for missed appointments or appointments cancelled without 24-hour notice as outlined in the "No Show/Late Cancellation Policy" agreement.

**I AGREE THAT:**

- This authorization is valid until cancelled in writing
- If I have any problems or questions regarding any charges to my account, I will contact The Talking Place, Child and Adolescent Counseling, LLC, or the billing manager for assistance. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with The Talking Place, Child and Adolescent Counseling, LLC or the billing manager.

I, \_\_\_\_\_ (Cardholder's Full Name), hereby authorize The Talking Place, Child and Adolescent Counseling, LLC to charge a no-show/late cancellation fee per the "No Show/Late Cancellation Policy" agreement. I understand that most insurance policies do not cover no-show/late cancellation fees so the financial responsibility will be on the guarantor of the patient's account.

Cardholder Name (please print clearly):

\_\_\_\_\_

Billing Address (where credit card statements are mailed):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_

CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_