



Cancellation Policy Agreement

Revised: 12/20/2006

This agreement supersedes all previous related agreements.

My signature below is my acknowledgement that I have read the SBHS cancellation policy and that I agree to adhere to the guidelines and fee schedule as set forth in this policy:

- All appointments must be canceled by 11:00 a.m. of the business day before the scheduled appointment.
- Failure to do so will result in a missed appointment charge. The fees are as follows:
 - \$75.00 for therapists
 - \$100.00 for psychiatrists (M.D.)
 - \$100.00 for psychologists (PhD)
 - \$100.00 per scheduled unit of psychological testing, 3 units would be \$300.00
- I understand if I leave within 30 minutes of my scheduled appointment with a psychiatrist (M.D.), I will be charged \$100.00
- I understand if I arrive 20 or more minutes late for an appointment, I may be charged for a missed appointment.
- I understand that if I arrive for an appointment without the proper copay I will be assessed a \$20.00 administrative fee to cover the additional administrative cost to the practice.
- I understand that if I have a balance on my account that it needs to be paid before my appointment and that failure to pay the debt may result in me not being seen and a missed appointment fee being added to my account. If you are unsure of your balance you may call SBHS.
- SBHS will not refuse to see a patient if it is medically necessary, regardless of the account status.
- I understand that it is my responsibility to check the appointment card at the time that it is issued to verify the proper date and time are listed on the card. SBHS will not waive a missed appointment fee because of an error on a card.
- I understand that in the event of snow or inclement weather I may cancel an appointment with less than the required notice if and only if both of the following criteria are met.
 - Loudoun County Government (NOT THE SCHOOL SYSTEM) is closed
 - I call or e-mail to cancel my appointment PRIOR to the appointment time

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Patient / Guardian initials

Date



Sterling Behavioral Health Services, LTD

- I understand that if a patient is unable to make an appointment due to illness that they may cancel the appointment with less than the required notice if and only if all of the following criteria are met.
 - The patient is seen on the same day as the scheduled appointment
 - SBHS needs a note from the doctor or hospital with the date and time of the appointment
 - I call or e-mail to cancel my appointment PRIOR to the appointment time

How to cancel an appointment

- **By Phone at (703) 858-9841 extension 100**
 - I understand that if I cancel an appointment by phone, before the required notice, that I will receive a cancellation code from the SBHS staff member.
 - I agree that it is my responsibility to get and keep that number.
 - No fees will be retracted without that number.
 - I agree that if I leave a voicemail cancellation message that I will call the following business day to receive a cancellation number.
 - I agree that it is my responsibility to get and keep that number.
 - No fees will be retracted without that number
- **In person at the SBHS office**
 - I understand that if I cancel an appointment in person, before the required notice, that I will receive a cancellation code from the SBHS staff member.
 - I agree that it is my responsibility to get and keep that number.
 - No fees will be retracted without that number.
- **By e-mail at patientmail@sbhsva.com**
 - **This can only be used if you have read and agreed to the SBHS e-mail policies and procedures.**
 - I understand that I must keep a record of the cancellation e-mail.
- I understand that I may ask for SBHS to review a missed appointment fee:
 - If I pay half of the fee pending the outcome of the appeal.
 - If I submit the appeal, in writing, within 30 days of the missed appointment.
 - That all appeal decisions are final.
 - Appeals will not be handled over the phone

By signing this form, I acknowledge that I have read, fully understand and agree to abide by the policies and fees on both pages of this SBHS policy for cancelling appointments.

Patients Name: _____ Signature: _____

Parent / Guardian's Name: _____ Signature: _____

Witness: _____ Date: _____