MISSED APPOINTMENT POLICY

In an effort to provide all of our patients with quality care in a timely manner Bearden Behavioral Health has updated it’s missed appointment policy. This new policy is effective immediately.

Failure to show for a scheduled appointment or notify our office of cancellation within 24 hours of your appointment time will result in a $50 missed appointment fee. Moving forward we will be billing this fee directly to a credit card that we will keep on file. We will send you a receipt notifying you immediately of the missed appointment charge. If you decline to provide a credit card upfront and you incur a $50 missed appointment fee, we will mail you an invoice with a 10% surcharge resulting in a $55 charge. All remaining appointments will be cancelled and you will not be rescheduled until the $55 fee has been paid in full or payment arrangements are made. *Please fill out the attached Credit Card Authorization Form.

Our missed appointment policy enables us to better utilize available appointment time for all of our patients who are in need of care.

Thank you for your consideration of this policy. We are honored that you have chosen Bearden Behavioral Health as your provider.

* In order to be respectful of the needs of other patients, please be courteous and call our office if you are unable to show up for a scheduled appointment. This will allow us to reallocate your appointment time to another patient in need of care. Please provide us with a minimum of 24 hours notice if you need to cancel your appointment. To cancel or reschedule an appointment please call our office at (865) 212-6600. We understand that occasionally we are busy and you are connected to our voicemail box. If you are trying to cancel by phone and reach our voicemail box please leave your full name, and time of your appointment in order to cancel. Please note if you do reach our voicemail box and you choose not to leave a message and you fail to notify us this will also result in the missed appointment fee.

Financial Statement:
Any amount owed by a client at the end of the month will be sent in an invoice at the end of the month. Should payment or payment arrangements not be made within 30 days of the invoice date, any unpaid balance will be sent to a collection agency for non-payment. At this time, you understand and agree that the money owed to Bearden Behavioral Health will be collected by the collection agency plus a 40% collection fee.

☐ I accept this policy and will sign the credit card authorization form.
☐ I accept this policy and decline to sign the credit card authorization form.

Patient Name________________________________________ Date:________________________

Patient Signature:________________________________________