



MISSED APPOINTMENT POLICY

In an effort to provide all of our patients with quality care in a timely manner, Bearden Behavioral Health has implemented a missed appointment policy.

Failure to show for a scheduled appointment, or ***notify our office of cancellation at least 24 hours prior to your appointment time***, will result in a \$50 missed appointment fee. This fee will be directly charged 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 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 have been 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 keep your scheduled appointment. This will allow us to reallocate this appointment time to another patient in need of care. Please provide us with a minimum of 24 hours' notice should you need to cancel or reschedule. 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. If you are trying to cancel by phone and reach our voicemail, please leave your full name and the time of your appointment in order to cancel. Please note if you do reach our voicemail and you choose not to leave a message and fail to notify us of cancellation, this will also result in a missed appointment charge.

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 point, 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: _____

Guardian Name (if applicable): _____

Patient/Guardian Signature: _____