

Stonebriar Psychiatric Services, P.A.
Missed Appointment Agreement Form

Our services are provided by appointment only and when a patient schedules an appointment, time is reserved for that patient and not available to others. Missed appointments, as well as those cancelled with less than a **minimum** of 24 *business* hours' notice (48 hour minimum on extended sessions) will be charged the fee for the visit. *

The fee for the visit will be charged on the day of the missed appointment to the following credit card:

___ **Visa** ___ **MasterCard** ___ **American Express** ___ **Discover**

Credit Card #: _____

Expiration Date: _____

Name as it appears on Card: _____

Security Code from back of card: _____

I, _____, cardholder for the credit card listed above, understand and agree that if I or my family member do not show up for a scheduled appointment or if I cancel a scheduled appointment with less than 24 *business* hours' notice, the above named credit card will be charged for the amount of the session.

Cardholder Signature _____ **Date** _____

Printed Name _____

Billing Address: _____

City: _____ Zip: _____ Day Phone _____

- ***To qualify for a timely cancellation on Monday appointments, the cancellation must be received by the corresponding time on the previous Friday. Cancellations immediately preceding a holiday break must occur before the corresponding time on the last business day before the holiday. Voice mail and e-mail cancellations do not qualify as they can not be guaranteed as received.***

OPTIONAL AUTHORIZATION (separate authorizations may be completed if desired)

I would like for this same credit card to be used in the event of a phone session or other requested service for which I am not in the office (reports, forms, letters, etc) _____ (Initial your approval)

Use this authorization to charge services for my family member(s) who are also seen at the office. _____ (initial your approval)

All Family Members _____ (initial your approval)

Specific family member(s)

_____ (name) _____ (initial your approval)

_____ (name) _____ (initial your approval)

_____ (name) _____ (initial your approval)

_____ (name) _____ (initial your approval)