

Office Attendance Policy

Spectrum Neuro Behavioral Care (SNBCare) has an attendance policy to monitor and ensure that patients regularly attend their scheduled appointments for an overall successful treatment experience. The consistency of attending appointments assures that medication will not be interrupted and/ or that your therapy goals are being met.

In signing this form, you are indicating that you understand the attendance policy and will adhere to the following:

1. In order to cancel an appointment, I agree to call the office number (during business hours of 9AM to 5PM, Mon-Fri) at least 24 hours prior to my scheduled appointment. I understand that if I do not adhere to the cancellation policy, this will be considered a no-show. Emergencies will be taken into consideration.
2. I understand that I will be requested to reschedule my appointment within 7 days of canceling.
3. I understand that canceling or no-showing for an appointment could result in the interruption of medication.
4. I agree to notify the office, if capable, if I have been hospitalized or if I will be unavailable for extended periods of time (i.e. vacation). I will do my best to have the hospital provide a discharge summary to Spectrum Neuro Behavioral Care if I am hospitalized.
5. I agree to notify my provider if I am choosing to terminate services in order for future appointment(s) to be cancelled.
6. I understand that if I do not arrive (log on) on time for my appointment, I may not be able to be seen for my scheduled appointment and may be asked to reschedule.
- 7. I understand that I will be responsible for a no-show fee if I don't show up to my appointment and I don't notify SNBCare 24 hours in advance.**

Appointment Type	No-Show Fee	Appointment Type	No-Show Fee
Initial Medication Management Appointment	\$75	Follow Up Medication Management Appointment	\$75
Initial Therapy Appointment	\$75	Follow Up Therapy Appointment	\$75
TMS Mapping/Re-Mapping Appointment	\$50	TMS Follow Up Appointment	\$50

This policy also states that patients may be discharged from the practice for any of the following reasons:

- 4 missed appointments within a 6 month period.
- Behaving inappropriately toward providers and/or administration staff.
- Noncompliance with medication/treatment plan.

If you are discharged from the practice, any readmission to the practice will require approval by the Director of Operations.

I have read the above Attendance Policy and understand that my cooperation and active participation in following these guidelines will greatly facilitate the quality of treatment.

Patient/Authorized Representative Signature:

Date:

COPY AVAILABLE UPON REQUEST