

# Psychological Health Roanoke

Name \_\_\_\_\_

## Failed Appointment and Cancellation Policy

We ask that you give 24 hours notice if you intend to cancel an appointment.

Appointments canceled with less than 24 hours notice and appointments not kept are subject to a charge of \$65.00.

I understand this policy.

## Co-Payment Policy

Insurance companies require us to collect applicable co-payments at every visit. We will not bill you for co-payments. If a co-payment is missed, it is to be paid at your next visit.

I agree to pay my co-pay (if applicable) at each visit.

## Collection Policy

*Please note that all accounts 90 days in arrears are subject to be submitted to a collection agency. The amount will include the balance owed plus all collection fees.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date