Psychiatric Solutions PC
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Sugar Land, TX 77478
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No-Show and Cancellation Agreement

In effort to provide excellent client services to all our patients, and to provide the best possible therapeutic environment, it is our policy to require a fee for “no-show” appointments and cancellations made less than 24 hours to require a fee for “no-show” appointments and cancellations made less than 24 hours in advance of the scheduled appointment. Unkept or cancelled appointments that do not follow this policy will be charged a fee equal the physician fee for the time originally scheduled.

A fee of $150.00 for missed follow up appointments and $350.00 for new patient appointments will be charged to the following credit card.

___ Visa ___MasterCard ___Discovery ___American Express

Credit Card# ____

Name as it appears on Card: ____

Expiration Date: _____________ 3 Digit Security Code: ______________

I, __________________________, understand and agree that if I do not show up for my scheduled appointment with less than a 24 hours notice, the above named credit card will be charged for the balance of the appointment.

Signature:_________________________________ Date:_______________

Printed Name:______________________________

Address:____

City/State/Zip:__________________________ Daytime Phone:_________________________