

FAMILY SOLUTIONS SERVICES, INC.

Orange City Office: 712-707-9222
1217 Hwy 10 W., PO Box 258

Cherokee Office: 712-707-9222
795 N. 2nd St.

Le Mars Office: 712-707-9222
19 2nd Ave. NW

Sioux City Office: 712-258-4553
505 5th St. #310

THERAPY APPOINTMENT CANCELLATION/NO SHOW POLICY

Thank you for trusting your therapeutic care to Family Solutions Services, Inc. When you schedule an appointment with Family Solutions Services, Inc., we set aside enough time to provide you with the highest quality of care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible and not later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for appointments. Please see our no show/cancellation policy below:

Any patient who fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 24 hours** of notice will be considered a No Show and charged a **\$25.00 fee**.

Any established patient who fails to show or cancels/reschedules an appointment with no 24 hour notice a **second** time will be charged a **\$50.00 fee**.

If a third no show or cancellation/reschedule with no 24 hour notice should occur, the patient may potentially be **dismissed** from Family Solutions Services, Inc.

Any new patient who fails to show for their initial visit they may potentially not be rescheduled and a **\$50.00** fee will be charged.

The fee is charged to the patient, not the insurance company, and it is **due at the time of the patient's next office visit or you will be sent a bill**.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our office manager, who may be able to waive the No Show fee. You may contact Family Solutions Services, Inc. to inform us of these circumstances. Should it be after regular business hours Monday-Friday, or on a weekend, you may leave a message.

By signing below, we both agree to these terms and conditions and to the above stated fees.

Parent/Guardian Signature

Date

Client Signature

Date

Provider/Therapist Signature

Date