



Cancellation Policy

Patient's Name: _____

Patient's Date of Birth: _____

- Triangle Neuropsychiatry would like at least 24 hours notice if you wish to reschedule an appointment. If you simply forget the appointment, there is a charge to remain in good standing with the office.
- For any missed appointment or cancellations with less than 24 hours notice a charge of **\$75** will be sent to the patient/ parent/ guardian or group home. (This charge can be waived for sick patients and for emergencies)
- This charge must be paid before or at the time of the next appointment.
- This charge is **NOT** billable to the insurance company and will be the patient/ parent/ guardian or group home's responsibility.
- An exception to this charge is made for sick patients. Please do not come to your appointment if you are sick, as we do not want to spread illnesses.

Signature of Patient/ Legal Guardian
or Group Home Representative

Date

Printed Name of Patient/ Legal Guardian
or Group Home Representative

Date