Cancellation Policy – Outpatient Services

It is the intentions of Dr. Lindsy Wagner, Kelly Redmon, DeeAnne Davis, Dr. Wayne Etheridge, and Dr. Dara Hamilton to be flexible in meeting client and family needs. We have established the following cancellation policy that will hopefully be both flexible and reasonable, as we work together to provide services to your child. Our policy is based on the need to avoid unfilled appointments. This is especially important due to the number of families waiting to receive services. Therefore, our policy is as follows:

We request you provide 24 hour notice of all cancellations. However, if appointments are not cancelled within 24 hours a fee of $75 per hour missed will be charged. For example, if you have a 2 hour appointment that you do not show up for then you will be responsible for paying $150 in no show fees. Our main office number is 340-719-0685. Once we receive notice from you, we will contact the staff members involved. However, because we believe that we are offering a very important service to your child, we sincerely hope that you would not feel the need to cancel, except in case of illness or family emergency. We will also extend the same courtesy to you, in the event that our staff needs to cancel for the same or similar reasons.

Upon cancellation notification, our office staff will contact the family to re-schedule on the next available appointment date. Please keep in mind that the appointment may not be in the same month as the originally scheduled appointment.

It should also be mentioned that afterschool appointments are highly sought after. If you child has a standing after school appointment and they do not show up for the appointment or call to cancel they will automatically lose that afterschool slot after 2 no show appointments. They are welcome to reschedule in a slot that occurs during school hours.

Please feel free to contact us if you have any questions about this policy. We remain available to work with you and your child in making the best possible use of this important service.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Adolescent

(If 14 years of age or older): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_