

Crawford Consulting and Mental Health Services



“Healing Life through the Experience of Living”

MISSED APPOINTMENT AGREEMENT FORM FOR PSYCHIATRIC CLIENTS

It is the policy of Crawford Consulting and Mental Health Services, Inc. that all cancellations of appointments are made in at least twenty-four (24) hours before the scheduled appointment. If an appointment is cancelled with less than 24 hours or if you fail to show for the appointment, you will be responsible to pay \$50.00. **This must be paid before another appointment is given.** Exceptions will be considered for emergencies such as: Sickness, Health problem, Bereavement, car accident, etc.

For Medicaid /Medicare clients: After 3 missed appointments (no-show or late cancellation- canceling with less than 24 hours notice), services will be terminated and you will be discharged from the clinic.

I _____ have read and understand the missed appointment policy for CCMHS, Inc. I also understand that it is my responsibility to cancel my appointment schedule within the 24 hour period or pay the \$50.00 fee.

Client/Guardian Signature

Date

Witness Signature

Date

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