



9550 Hickman Road, Suite 101
Clive, Iowa 50325
Phone: 515-758-8300
Fax: 515-758-8600

Patient Appointments, Same Day Cancellations, Late Arrivals, & No Shows

PATIENT NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Your visit is very important to us and as such we have committed our time to your scheduled appointment. Should you need to cancel your appointment, you must contact our office by phone or messaging, at least 24 hours in advance of your scheduled appointment. If you arrive later than 10 minutes after the scheduled appointment time, this is considered the equivalent of a same day cancellation.

A No Show or missed appointment, without 24-hour notification of cancellation will be charged a \$100.00 fee to the card on file. A Same Day Cancellation will be charged and \$50.00 fee to the card on file.

If the charge cannot be made to the card on file, the payment will need to be made prior to scheduling the next office visit. This charge will not be covered or reimbursed by your insurance company. This charge is your responsibility, as the patient of our clinic. We understand emergencies occur, and Integrated Psychiatry PLLC reserves the right to waive the fee in the case of an extenuating circumstance or hospitalization with supporting documentation.

Please note, should multiple No Shows and Same Day Cancellations occur, of 3 or more, Integrated Psychiatry PLLC may reserve the right to terminate patient care. Should patient care be terminated, your individual provider will provide a letter of termination and provide a 30-day supply of medication. It will be at the discretion of the provider to choose to refill stimulant prescriptions if you have not been seen for more than 3 months.

PRINTED NAME/RESPONSIBLE PARTY: _____

SIGNATURE: _____

RELATIONSHIP TO PATIENT: _____

DATE: _____