



Dear Patient,

At Tanner Clinic Behavioral Health, we are constantly working to provide you with timely, patient-centered services. To achieve this goal, we assure that appointments, insurance verifications, and pre-authorizations are done in a timely manner. In our efforts to make your visit more comfortable and to minimize your wait time, our department has implemented no-show, cancellation, and late arrival policies.

No show: Failure to attend your scheduled appointment will result in a charge of \$125.00 billed directly to your account that your insurance will not cover. Failure to attend 3 appointments may result in dismissal from the department.

Cancellation: Failure to cancel or change your appointment within 1 business day prior to your scheduled appointment will result in a charge of \$125.00 billed directly to your account that your insurance will not cover.

Late arrival: If a patient is more than 10 minutes late for an appointment, the appointment may need to be rescheduled. This is to ensure that the patients who arrive on time do not wait longer than necessary to see the provider. You may be given the option to wait for another appointment time on the same day if one is available. We will try to accommodate late arrivals as best as possible but cannot compromise on the quality and timely care provided to our other patients. All patients are encouraged to arrive at least 15 minutes prior to the scheduled appointment time to allow for timely completion of the intake process.

The behavioral health department physicians, providers, and staff appreciate your compliance and understanding of these policies so that we can continue to provide excellent medical and psychological care. As a behavioral health clinic, there may be times when crises arise that could cause a provider to be behind schedule. Should this occur on the day of your appointment, you will still be seen despite this delay. Should you not be able to keep visit because of this delay, no fees will be assessed, and we will be more than happy to assist in rescheduling your visit.

Printed Name of Patient

Patient's Date of Birth

Signature of Patient (if age 18 or older)

Printed Name of Authorized Guardian (if patient is under 18)

Signature of Authorized Guardian (if patient is under 18)

Date and Time Signed