MBHC, Inc. Innerview Behavorial Care

Appointment Rescheduling/Cancellation Policy

Refund Policy

If you know you will be unable to keep your scheduled appointment, we expect you to contact our office as soon as you can to reschedule. The Appointment set for you and your therapist is reserved for you only. **Any cancellation made less than 24 hours prior to the appointment will be charged to you personally, as this is time denied to other clients.** Insurance companies will not pay for missed appointments. Missed appointments are your responsibility. If you are charged a missed/no show appointment fee **this fee must be paid before your next scheduled appointment.**

You can call the office after hours and leave a message on our answering machine, we will get the message in the morning. We usually call ONE business day before your appointment. **This is done only as a courtesy to you and should not be construed as our responsibility to remind you of your appointment.** If you are not available, you may leave a message on our answering machine.

Phone # for reminder calls_____

Fees for missed or no show no call appointments are shown below.

Dr. Charles Burke and Jae Kennedy-Cookson - $100 per ½ hour appointment, $150 per 1 hour appt.

Ann Hovest
100.00 per 1 hour appointment

Refund Policy

If there is a **CREDIT** on your account, please let one of our office staff members know immediately that you would like a refund. If you do not let us know then the credit will remain on your account to cover any Copays, Deductibles and/or Co Insurance. Refunds are only issued once a month so depending on the date the credit was applied to your account it may go out the same month if not it will go out the following month. If at the end of the current year you have a credit balance it will automatically be issued back to you.

I acknowledge, understand and have received a copy of the Appointment Rescheduling and Cancellation Policy and also the Refund Policy. I agree to be responsible for any fees incurred as a result of any missed appointments.

Signature_____ Date_____

Witness_____ Date_____