

CENTER FOR POSITIVE CHANGE, LLC
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Cancellation/No Show Policy for Medicare and Non-Medicare Patients

I understand that I am financially responsible for no-show appointments and cancellations within less than 24 hours notice. I understand that no show and canceled appointments with less than 24 hours will **NOT** be billed to my insurance plan, but will be paid directly by me at the standard rate of \$165 per appointment, by the next appointment.

Provisions:

1. I understand that the fee for appointments canceled with less than 24 hours notice will be suspended if I'm willing to accept an alternate time that is available the same week, or
2. If I have previously negotiated a mutually agreed reason for the absence.

Printed name: _____

Signature: _____

Date: _____