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## Late cancellation/No show policy

It has become necessary to revise the no show/late cancellation policy if I am to remain an effective physician. The fees I charge are for the psychiatric services provided *as well as* for the time that is set aside exclusively for the patient.

This policy is not meant to be punitive in nature, but the fact is that no physician can do their job or maintain a business if patients do not show or cancel appointments late. Previous late cancels/no-shows will now be “reset” to zero. This policy will be strictly enforced. This policy is non-negotiable although you have the right to disagree, refuse to sign and leave the practice at any time. **\*\*\*Please initial by each statement\*\*\***

\_\_\_\_ Text message and/or phone reminders are a courtesy only. I understand it is ultimately my responsibility to remember the date and appointment time.

\_\_\_\_ Any cancellation with less than **48 hours notice** will be considered a late cancellation. There will be no more disputes about what constitutes a “valid” reason for cancelling. The time will be measured to the minute (i.e. 47 hours, 59 minutes **is** less than 48 hours).

\_\_\_\_ There will be a \$25 charge for the first no show or late cancellation.

\_\_\_\_ The second no show or late cancellation will be charged the full fee.

\_\_\_\_ The third no show or late cancellation will be charged the full fee and **will result in transfer out of the practice.**

\_\_\_\_ Fees will be automatically charged to credit/debit cards if this has been your form of payment in the past. Patients that pay cash or by check must arrange for payments to be made before an appointment will be rescheduled.

\_\_\_\_ No-show/late cancel fees cannot be billed to my insurance company (may constitute insurance fraud if attempted) and must be paid out of pocket.

Patients who are transferred out of the practice (or who do not agree with this policy) will receive an official letter documenting termination of the physician/patient relationship, a list of other area psychiatrists, and prescriptions for up to 3 months of the last medication regimen prescribed. This will be mailed via certified mail with return receipt (i.e. must be signed for) to the address on file (so please inform me of any changes in address).

My signature below affirms that I agree to the all of the terms of this new policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date signed