



10 W. Eager Street
Suite 324
Baltimore, MD, 21201
Phone: (443) 445-0536 Fax: (443)-753-4753

Cancellation/Missed Appointment Policy

At Breakthrough Behavioral Health Services, we understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. If for some reason you are unable to keep your appointment, please call the office as soon as possible. You can cancel appointments by calling us at **443-445-0536** or **through your patient portal**. This time can be reallocated to someone else who requires services.

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call and text is attempted two (2) business days prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

PLEASE REVIEW THE FOLLOWING POLICY

1. Please cancel your appointment with at least 24 hours' notice so your appointment time can be offered to other patients who are in desperate need of mental health services.
2. If less than a 24-hour cancellation is given, this will be documented as a "No-Show" appointment.
3. If you do not show up to your scheduled appointment, this will be documented as a "No-Show" appointment.
4. After the first "No-Show/Late Cancellation/Missed" appointment, you will receive a phone call and a staff at Breakthrough Behavioral Health Services LLC, will assist you in rescheduling this appointment if needed.
5. If you have two (2) or more "No-Show/Late Cancellation/Missed" appointments, you or your insurance will be charged for a full service for each appointment missed.
6. If you have three (3) or more "No-Show/Late Cancellation/Missed" appointments, you or your insurance will be charged for a full service for each appointment missed and dismissal or discharge plan from our clinic will be considered.

By signing this form, I have read and understand Breakthrough Behavioral Health Services LLC, No-Show/Late Cancellation/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Breakthrough Behavioral Health services in a timely manner if I have difficulty keeping my scheduled appointments.

Patient Name

Date

Patient Signature