

**ALAMO MENTAL HEALTH GROUP**  
**MISSED APPOINTMENT OFFICE POLICY**

Scheduled appointment times are reserved especially for you. If an appointment is missed or cancelled with less than **24-BUSINESS-hours**, you will be charged for the time reserved. It is the policy of Alamo Mental Health Group to charge **\$150** for a missed or late-cancelled initial assessment With a psychiatrist and **\$100** for any missed or late-cancelled follow-up appointments with a psychiatrist. There will also be a charge of **\$100** assessed for **any** missed or late-cancelled appointment (less than **24-BUSINESS-hours**) with a psychologist or therapist.

While we do attempt to provide a "**courtesy**" reminder call for scheduled appointments, it is the responsibility of each patient to arrive on time for their scheduled appointments.

We understand there may be extenuating circumstances that may result in your need to cancel an appointment, but, unfortunately this time has been reserved especially for you by your provider. We do not overbook and we need time to make the appointment time available to other patients should you need to cancel. Thus, your account will be charged, regardless of the reason for the late or missed appointment. A statement will be emailed (or mailed if no email address is on file) to you notifying you of the charge.

Please note, appointments may be cancelled via the telephone or through our website. You may cancel a scheduled appointment prior to **24-BUSINESS-hours** by calling our office at (210) 614-8400 and speaking directly to a member of our administrative staff or by speaking to someone through our answering service. You may cancel an appointment by emailing Alamo Mental Health Group directly at [cancelmyappointment@alamomentalhealth.com](mailto:cancelmyappointment@alamomentalhealth.com). By using our website to cancel an appointment, you will have confirmation verifying that the appointment was cancelled on time.

**Please do not leave messages on voicemail.** The time these messages are left cannot be confirmed and they will not be considered as appropriate notification for a cancellation.

Please provide an email address that can be used to send you a statement notifying you of the missed appointment charge. Also sign below indicating that you have read, understand, and agree to this policy.

Email Address that statements can be sent to: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

There are occasions that a patient makes an overpayment on their account due to incorrect deductibles or co-payments. On the occasion this does occur, a credit will be applied to your credit card. Please understand that if an underpayment is made and you owe money on your account, your credit card will **not** be charged. Instead, a statement will be mailed to you. This applied credit policy applies only when you have overpaid or when money is owed to you.

Please sign below if you have read, understand, and agree to this policy.

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_