Reschedule, Cancellation, and No-Show Policy

At Garcia's Family Wellness Clinic (GFWC), we strive to provide the best customer experience and care for you and your family. As your personalized team of clinicians, assigned specifically to you and/or your family, we make the time commitment to prepare and specialize the treatment for just you and no one else during your scheduled time. As such, we have taken time from our own family and cared ones. At GFWC, we understand that emergencies may occur and may be out of your control; however, please know that your Clinician has created time to prepare to be on time and ready for your appointment. As such, new and existing patients are required to agree to our "Reschedule, Cancellation, and No-Show Policy".

This policy is required to be reviewed, signed, and returned before being able to start or resume services. To schedule any service at GFWC, you must agree to the following scheduling fees that will apply if you have a late cancellation or have a no-show with your provider. The following are the Scheduling Fees for the following services.

Scheduling Fees:

Counseling Intake Appointment……..……$120.00
Counseling Follow Up Appointment……………………………………………………$85.00
Psychiatric Medication Management Intake Appointment……………………………...…$150.00
Psychiatric Medication Management Follow-Up Appointment………………………...…$120.00
Psychological Testing Appointment…………………………………………...……..$170.00

GFWC cancellation policy requires the patient(s), guardian, or parents to call GFWC at 210-481-4265 or their assigned therapists' mobile number 48 hours or more in advance to reschedule or cancel their appointment. Emails and voicemails are not considered appropriate means to cancel or reschedule your appointment, please call within working business hours Monday through Friday 8am-12pm and 1pm-5pm. Appointments that are cancelled 48 hours or less or a no-show occurred, or the patient is 15 minutes late (which will be considered a no-show) will incur a Scheduling Fee as shown above. As a result, this Scheduling Fee is used to compensate for services that were planned for that day. To schedule another appointment, the respective above Scheduling Fee will apply again.

Appointments that result in late cancellation or no-show will result in a Scheduling Fee, as referenced above, automatically to the credit card on file or alternative credit card from the client or guardian in order to schedule the next follow up appointment. If the Scheduling Fee is not paid, a follow up appointment will not be able to be scheduled and patient will be discharged from our clinic, community references are provided to all patients; see below.

Scheduling Fees are not applicable to Medicaid patients who are seeing a credentialed Medicaid Provider

GFWC
GARCIA'S FAMILY WELLNESS CLINIC

<u>Automatic Discharge of a Patient Policy:</u>

This policy pertains to patient(s) who cancel with less of 48 hours of notice or no-show to their scheduled appointment, as stated above, to **<u>2 consecutive appointments</u>** will result in the automatic discharge from our clinic. You may elect to schedule a follow up appointment at one of the following agencies or any other of your choosing:

<u>The Center for Healthcare Services</u> 6800 Park Ten Blvd., Suite 200-S San Antonio, Texas 78213 Adult: (210) 261-1250 Children: (210) 261-3350	<u>San Antonio Behavioral Healthcare Hospital:</u> 8550 Huebner Rd, San Antonio, TX 78240 (210) 541-5300	<u>Clarity Child Guidance Center:</u> 8535 Tom Slick, San Antonio, TX 78229 (210) 616-0300

☐ Please charge my card for charges in full for sessions at the time of service.

Client Name:		
Cardholder Name:		
Credit Card Number:		
Expiration Date:	Billing Zip Code of Credit Card:	Security Code:
Initial here if you chose to sign electronically below_________________		
Cardholder's Signature:		Date:

I understand that by signing below, I am authorizing GFWC to charge my card in the manner indicated by the <u>Reschedule, Cancellation, and No-Show Policy</u> and <u>Automatic Discharge of a Patient Policy</u>. These balances may include co-pays, co-insurance amounts, out of pocket payments, deductibles, no-show or late cancellation fees.

Client/Guardian/Parent Signature:________________________________ Date:________________