



****Missed Appointment Policy****

To provide the best care possible for all patients, we ask that you notify Zen Life Mental Wellness at least 2 business days (48 hours) in advance if you need to cancel or reschedule your appointment. This policy allows us to offer the time slot to another patient in need of care.

- Late Cancellations (Less Than 2 Business Days' Notice): Cancellations made with less than 48 hours' notice will incur a fee of \$75. This fee must be paid before scheduling your next appointment.

- No-Shows and Same-Day Cancellations: Appointments missed without any notice will be charged the full session fee, based on the scheduled service. For example, if the appointment was for a medication management session, a fee of \$125 will be assessed. Please see the current fees list detailed in the Consent to Treatment form you were provided. Additionally, if three missed appointments occur within a 12-month period, we may discharge you from our practice. If this happens, we will provide a list of alternate providers and, if necessary, a short-term supply of medications to assist with the transition.

****Medicaid Patients****

Missed appointment fees will not be assessed for Medicaid patients. However, if more than one appointment is missed in a six-month period, Zen Life Mental Wellness reserves the right to discharge the patient from services. If a Medicaid patient wishes to remain in care after a missed appointment, they may *elect* to pay a \$100 fee per missed appointment.

****Important Note****: Missed appointment fees are not covered by insurance and will be billed directly to the patient. Your cooperation helps us maintain a supportive, balanced schedule for all patients. Thank you for your understanding.

Signing below indicates that you are aware of, and understand, the Missed Appointment Policy and agree to pay any fees associated with missed appointments. You also agree that the credit card on file may be charged in the event of a Missed Appointment.

Signature _____ Date _____
Printed Name _____

Provider's Signature _____ Date _____
Provider's Printed Name Olivia Szerszen APRN, PMHNP-BC