

**Alternative Interventions, Inc**  
**NO SHOW & CANCELLATION POLICY**

When you schedule an appointment with at **Alternative Intervention, Inc. (AI)** office that time is reserved just for you. That is why we require **24-hour advance notification of cancellations**. You may leave a message on our voicemail any day of the week. The time you called will be posted with the message. Should you fail to show for your scheduled appointment or cancel less than the required 24 hours in advance, you will be charged a fee of **\$25** for missed sessions. If you are being seen at a reduced fee and pay less than \$25 per session, the fee will be your usual session charge. We appreciate the courtesy you extend to us by honoring this agreement. Please note that we **cannot** bill your insurance company for missed sessions or for late cancellations. You will not be scheduled for additional sessions by your therapist until the fee is paid.

If we are billing Medicaid, an Employee Assistance Program, or certain third parties, the \$25 fee may not be applicable. In this case, after **two no shows** or cancellations within 24 hours of your appointment time, you will not be allowed to reschedule an appointment. You may be placed on a call- back list to be seen later or on a different date.

If you have **three no shows** or late cancellations within a calendar month, you may be discharged from services.

By signing this agreement, you are acknowledging that you understand the policies listed above and that you will abide by this agreement.

I, the undersigned, accept and agree to all the above terms during my treatment at **Alternative Interventions, Inc.**

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Printed Name of Client

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Signature of Client

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Date

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Signature of (MSS) Staff

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Date