**NO SHOW/MISSED APPOINTMENT POLICY**

ASTS understands that sometimes your schedule changes and emergencies occur; if you are unable to keep your appointment, please call ASTS as soon as possible to reschedule your appointment. Please review the following policies:

* Please give ASTS at least a 24-hour notice of cancellation.
* If less than a 24-hour notice is given, or if no notice is given at all, the appointment will be documented as a “Late Cancellation” or “No Show” appointment, respectively; a $25 Late Cancel/No Show fee will be charged at the next appointment.
* Please be advised, No Show Fees will not be covered by your insurance and will be a directly out-of-pocket balance.
* Worker’s Compensation: your employer, referring/primary care physician, and insurance adjuster will be contacted and informed of your No Show appointment(s).

**APPOINTMENT REMINDERS**

ASTS has an automated appointment reminder system that will send out an alert the day before your appointment; you can choose to receive an email, text message, or a phone call. Please list the preferred method for your appointment reminder and the number/address on the corresponding line below.

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEXT MESSAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE CALL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL NOTE FOR GUESTS**

*Any guests (children especially) are encouraged to remain in the lobby, as they are* **NOT COVERED** *under liability of injury. This is to help reduce the likelihood of injury and increase overall clinic safety. If you have any concerns about leaving any guests unattended in the lobby, or regarding the safety of any patients, please speak with one of our therapists.*

**By signing below, you acknowledge that you have read and understand all information provided to you by ASTS.**

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Printed Name DOB*

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature* *Date*

**\*\*\* Active Solutions Therapy Services reserves the right to make changes to this policy as needed.**