



## Emergency No Show and Late Cancel Charge Waiver

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

Parent Name: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Date of Scheduled Appointment: \_\_\_\_\_

Must be filled out within 45 days of missed appointment to be valid

Late Cancel or  No Show

Was this an Emergency (please explain below)?  Yes  No

Was this Weather Related (please explain below)?  Yes  No

Was this a Scheduling Error (please explain below)?  Yes  No

o If so who scheduled the appointment? \_\_\_\_\_

o Can you prove it was a scheduling error?  Yes  No

If so please attach reminder card or other proof you might have.

Reasoning behind wanting an exception this one time?

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Patient or Parent Signature: \_\_\_\_\_

### Office use only:

Patient start date: \_\_\_\_\_ Total Late Cancels or No Shows: \_\_\_\_\_ Total in 1 year: \_\_\_\_\_

Previous Emergency Waiver Approved:  Yes  No Date: \_\_\_\_\_

Previous Emergency Waiver Reason: \_\_\_\_\_

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