

CANCELLATION & NO-SHOW POLICY

Alternative Pride Wellness, LLC

Effective Date: October 10, 2026

24-Hour Notice Required

Your appointment time is reserved specifically for you. Alternative Pride Wellness requires at least **24 hours' notice** when cancelling or rescheduling a scheduled therapy appointment.

Consistent attendance is an important part of effective outpatient therapy. This policy is intended to protect reserved clinical time, encourage continuity of care, and make appointment times available to clients who need them.

LATE CANCELLATIONS

A cancellation or request to reschedule made **less than 24 hours before the scheduled appointment time** is considered a late cancellation.

Late cancellations are generally subject to a **\$75 late-cancellation fee**.

NO-SHOWS

A no-show occurs when a client does not attend a scheduled appointment and has not provided adequate notice of cancellation.

A missed telehealth appointment may be considered a no-show when the client does not join the scheduled session within a reasonable period of time and the therapist is unable to complete the appointment.

No-shows are generally subject to a **\$75 no-show fee**.

INSURANCE & MISSED-APPOINTMENT FEES

Late-cancellation and no-show fees are generally not billable to health insurance. When permitted by applicable law and payer requirements, the client is responsible for the missed-appointment fee.

The Practice will not charge a cancellation or no-show fee when doing so is prohibited by law, a payer contract, or another binding requirement.

CARD ON FILE & PAYMENT

Clients are required to maintain an active, valid payment method on file as described in the Alternative Pride Wellness Practice Policies and applicable payment authorization.

When authorized and permitted, a **\$75 late-cancellation or no-show fee may be automatically charged to the active payment method on file**.

If a required payment method is expired, declined, invalid, removed, or otherwise unavailable, routine non-emergency services may be suspended until an active payment method is restored, subject to clinical, legal, ethical, and payer requirements.

EXCEPTIONS & EMERGENCIES

Alternative Pride Wellness understands that genuine emergencies and circumstances outside a client's reasonable control can occur.

Exceptions to a late-cancellation or no-show fee may be considered at the therapist's discretion based on the circumstances and consistent with applicable law, payer requirements, and Practice obligations.

An exception granted on one occasion does not guarantee that a fee will be waived for a future missed appointment.

REPEATED MISSED APPOINTMENTS

Three or more missed sessions within a period that the Practice determines to be unreasonable may result in termination of services.

For purposes of attendance review, missed sessions may include no-shows, repeated late cancellations, or other patterns of nonattendance that substantially interfere with continuity of treatment.

Before ending services, the therapist may consider the circumstances surrounding the missed appointments, the client's clinical needs and safety, whether the current attendance pattern supports effective outpatient treatment, payer requirements, and applicable professional obligations.

When clinically appropriate and reasonably possible, Alternative Pride Wellness will make reasonable efforts to notify the client and provide transition or referral information.

LATE ARRIVALS

Clients are encouraged to join telehealth appointments on time. Arriving late does not ordinarily extend the scheduled end time because another client's appointment may follow.

Depending on how late the client arrives and whether there is enough time to provide a clinically appropriate session, the therapist may need to shorten, reschedule, or treat the appointment as missed. Any applicable fee will be handled according to this policy and relevant payer requirements.

HOW TO CANCEL OR RESCHEDULE

To cancel or reschedule, use an approved scheduling or client-communication method provided by Alternative Pride Wellness, such as the applicable client portal or other designated contact method.

Notice is considered based on when the cancellation or rescheduling request is received by the Practice. Clients should avoid using emergency or crisis communications solely for routine scheduling matters.

CLINICIAN CANCELLATIONS

If Alternative Pride Wellness must cancel or reschedule an appointment, the client will not be charged a cancellation fee for that appointment. Reasonable efforts will be made to offer another appointment when appropriate.

QUESTIONS

If you have questions about this policy or believe a missed-appointment charge was applied incorrectly, contact Alternative Pride Wellness.

Monica Rose, LMSW

Alternative Pride Wellness, LLC

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Email: Monica@alternativepridewellness.com

ACKNOWLEDGMENT OF CANCELLATION & NO-SHOW POLICY

By signing below, I acknowledge that I have received, read, and understand the Alternative Pride Wellness Cancellation & No-Show Policy.

I understand that:

- At least **24 hours' notice** is required to cancel or reschedule an appointment without the appointment ordinarily being considered a late cancellation.
- A late cancellation or no-show is generally subject to a **\$75 fee**, except where prohibited or when an exception is granted.
- Missed-appointment fees are generally not billable to insurance and may be my financial responsibility.
- When authorized and permitted, applicable missed-appointment fees may be charged to my active payment method on file.
- Repeated missed appointments, including three or more missed sessions within a period the Practice determines to be unreasonable, may result in termination of services after consideration of clinical circumstances and applicable professional obligations.
- Arriving late may result in a shortened session or, when insufficient time remains for clinically appropriate care, the appointment being treated as missed.
- This policy operates together with the Alternative Pride Wellness Practice Policies, financial agreements, payer requirements, and applicable law.

I acknowledge and agree to the Cancellation & No-Show Policy described above.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian/Personal Representative, if applicable:

Name: _____

Signature: _____

Relationship to Client: _____

Date: _____

Practice review note: Before formal adoption, confirm this policy and any automatic card charges are consistent with current payer contracts, payment authorization language, professional obligations, and applicable Michigan and federal requirements. The Practice should apply the policy consistently while retaining appropriate clinical discretion for emergencies and continuity-of-care concerns.