

**SRI PSYCHOLOGICAL SERVICES, P.C.**  
**261 OLD YORK ROAD**  
**SUITE 318**  
**JENKINTOWN PA 19046**  
**PHONE (215) 885-3337**  
**FAX (215) 885-3090**

### **Cancellation/No Show Policy Acknowledgment**

SRI Psychological Services, P.C. takes the subject of canceling your appointment very seriously. Showing up as scheduled is one of your most important responsibilities.

SRI Psychological Services, P.C. requires **24 hours-notice** for the cancellation of a scheduled appointment. Please have an alternative appointment time in mind when you call to cancel.

There is a **\$50.00** charge for a no-show or cancellation without proper notice within the time frame indicated above. This charge will **not** be covered by your insurance, and will need to be paid by you.

We take this policy seriously because when a patient misses an appointment, three people are adversely affected:

1. **You, the patient** – for not receiving the treatment you need.
2. **Your therapist/psychiatrist** – as now he or she has an empty space in the schedule, since the time was reserved for you personally.
3. **Another patient** – who could have had your appointment time to receive treatment.

We appreciate your cooperation regarding this policy and we look forward to working with you!

I, or my parent/guardian, consent(s) to the above, as indicated by the signature below:

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Parent or Guardian Signature

\_\_\_\_\_  
Date