

No-Show Sample Form

This is a sample form you may use for PacifiCare Behavioral Health members:

DECLARATION OF AGREEMENT REGARDING MISSED OR CANCELED APPOINTMENT

I understand and agree to the following:

1. It is my responsibility to notify:

Name _____

Phone number _____

24 hours prior to the scheduled appointment if I am unable to keep the scheduled appointment.

2. I agree that I will be billed the PBH contracted rate of _____ in the event that I miss an appointment or fail to cancel 24 hours prior to the scheduled appointment.

Patient

Practitioner

Date