



PRIDE
Counseling & Consulting
SOUTHCOAST

100 8th Street
New Bedford, MA 02740
Phone: (508) 206-9898
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ATTENDANCE POLICIES & PROCEDURES

In order for our clients at Pride Counseling & Consulting Southcoast to receive quality therapy services and to attain their goals, clients are expected to attend their therapy sessions in a manner consistent with their therapist's recommendations.

CANCELLATION POLICY:

1. We require 24 hours notice to cancel an appointment. If there is an emergency or sudden change in your schedule within 24 hours of your appointment, we ask that you notify us as soon as possible. Please leave a voicemail message if you are calling after hours.
2. Insurance companies frequently examine treatment attendance in relation to therapy progress. Third party payers may not pay for services delivered at a frequency less than that ordered or established with the initial plan of care. Consistent attendance is very important.
3. We realize that our clients often are being treated by other health care providers and that other appointments need to be made. We encourage you to make these appointments at a convenient time which does not conflict with your scheduled time with us.
4. We encourage attendance of all scheduled appointments in order for you to get the most out of your treatment. However, if a conflict does occur, we will make every effort to reschedule your treatment for another time in order to comply with your plan of care.
5. Repeated cancellations will result in a change in your overall treatment program or the termination of therapy services. A client will be removed from their scheduled time if they miss two or more appointments in a two month time span.

NO-SHOW POLICY:

It is your responsibility to let us know if you cannot attend therapy. If you do not attend your treatment and we do not receive a call notifying us at least 24 hours prior to your scheduled time, this will be considered a NO-SHOW appointment. After one no-show, you will be charged \$75 for each additional no-showed appointment. After two no-shows in a two month time period, treatment may be terminated.

POLICY ON INSURANCE COVERAGE:

If your insurance company or coverage changes, you must inform our office. If there is a pre-authorization requirement on your new insurance that we do not obtain because you did not, you will be held responsible for the entire bill during that period of time.