

Floyd Covey, D.D.; Th. D.; Ph. D.; C. Carm. of C.T.P.; O.S.S.T.

Bishop / Priest / Psychologist / Monk

Counseling from a Christian View

Soul Care and Wisdom Guidance

NO SHOW/LATE CANCELLATION OF APPOINTMENT -- I understand that Dr. Covey’s office will attempt to send me a **CONFIRMATION TEXT, AND/OR CALL ME AT THE PHONE NUMBER I HAVE PROVIDED TO “CONFIRM” APPOINTMENT** 48 hours prior to scheduled appointment. Failure to confirm within **24 HOURS OF APPOINTMENT TIME** WILL RESULT IN CANCELLATION OF MY APPOINTMENT.

If I cancel my appointment with LESS THAN 24 hours’ notice, or if I do not show to my appointment, I understand that I WILL BE BILLED \$85.00 for the missed appointment plus a Billing Fee of \$10.00 for each bill sent.

Patient’s Initial’s _____

In agreeing with these terms, you are authorizing us to bill you for ANY NO SHOW OR LATE CANCELLATION OF SCHEDULED APPOINTMENTS.

CANCELLATIONS -- Appointments that are cancelled **WITHIN 24 hours’ notice WILL NOT BE BILLED.**

Patient’s Initial’s _____

The reason for this procedure is straightforward. If a patient does not keep an appointment, Dr. Covey has **NO SOURCE OF INCOME** for the period of that appointment.

INSURANCE COMPANIES DO NOT PAY FOR MISSED APPOINTMENTS.

WORK RELATED EXCUSES

- Dr. Covey does not authorize patient absences from work.
- He does not authorize patients to return to work. If you need such an authorization, please contact your physician.
- Dr. Covey can furnish you with a form indicating that you had an appointment in his office.

Patient’s Initial’s _____

Name of Patient: _____

Signature of Patient: _____ **Date:** _____

Name of Guardian (if Patient is a Minor): _____

Relationship of Guardian to Patient: _____

Signature of Guardian: _____ **Date:** _____