Levonne Kountz, MSW, LCSW
135 SE 1st st
Pendleton, OR 97801
Phone: 541-278-2222 Fax: 541-276-8405

APPOINTMENT LATE CANCELLATION/NO SHOW POLICY

When you schedule an appointment with Levonne Kountz, LCSW we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and ***no later than 24 hours prior to your scheduled appointment.*** This gives us time to schedule other patients who may be waiting for an appointment. Please see Levonne Kountz's Appointment Cancellation/No Show Policy below:

- Any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 24 hour notice** will be given a grace period for their first no show/cancellation.
- Any established patient who fails to show or cancels/reschedules an appointment with no 24 hour notice a **second time** will be charged a $50.00 fee.
- If a third no show or late cancellation/reschedule with no 24 hour notice should occur, Levonne may charge a $100.00 fee.
- If any further no show or late cancellation/reschedule with no 24 hour notice should occur the patient may be dismissed from services, per Levonne's decision or charged a $175.00 fee.
- The fee is charged to the patient, not the insurance company, and is **due at the time of the patient's next office visit.**
- As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Office Manager, who will speak with the doctor regarding late fees. You may contact our office Monday-Thursday 8am-6pm, and Fridays 8am-5pm at the phone number listed below. Should it be after regular business hours Monday-Friday, or a weekend, you may leave a message.

I have read and understand the Appointment Late Cancellation/No Show Policy and agree to its terms.

Signature (Parent/Legal Guardian)	Relationship to Patient
Printed Name	Date