



RCN (Rescheduling/Cancellation/No-Show) Policy

We understand that unexpected circumstances, including personal, medical, or financial hardships, may sometimes prevent patients from attending scheduled appointments. While missed appointments impact clinic operations and limit access for others, we strive to handle such situations with fairness, empathy, and commitment to continuity of care.

To help patients stay connected to their care, we offer limited waivers of Rescheduling/Cancellation/No-Show (RCN) fees under specific conditions.

1st No-Show within a 12-Month Period

- a) Fee: \$75 for 20-minute appointments, \$75 for **TMS, Esketamine, Ketamine**; \$150 for 40 or 60-minute appointments.
- b) Waiver: A full (100%) waiver may be granted upon attendance at the next scheduled appointment. No documentation is required.
- c) Emergency Waiver: A full (100%) waiver may be granted upon submitting the "RCN FeeWaiverRequestHardshipForm" with the supporting documents (e.g., hospitalization, ER visit, accident).

2nd No-Show within a 12-Month Period

- a) Fee: \$75 for 20-minute appointments, \$75 for **TMS, Esketamine, Ketamine**; \$150 for 40 or 60-minute appointments.
- b) Waiver: A 50% waiver will be granted upon attendance at the next appointment. No documentation is required.
- c) Emergency Waiver: A full (100%) waiver may be granted upon submitting the "RCN FeeWaiverRequestHardshipForm" with the supporting documents (e.g., hospitalization, ER visit, accident)

3rd No-Show within a 12-Month Period

- a. Fee: \$75 for 20-minute appointments, \$75 for **TMS, Esketamine, Ketamine**; \$150 for 40 or 60-minute appointments.
- b. Waiver: No waiver is available.
- c. Emergency Waiver: A full (100%) waiver may be granted upon submitting the "RCN FeeWaiverRequestHardshipForm" with the supporting documents (e.g., hospitalization, ER visit, accident)

Please note: Waivers are discretionary and may be granted on a case-by-case basis to ensure fair treatment for all patients.

Cancellation and Rescheduling Notice Requirement

To help us provide timely care to all patients, we require at least 24 business hours' notice for any cancellations or rescheduling requests.

Patients who are unable to attend an appointment are encouraged to notify our clinic as soon as possible. Failure to provide timely notice may result in a fee as outlined above.

Patients with excessive RCNs may be marked inactive. If marked inactive, patients will not be re-scheduled unless:



- There is an active credit card on file
- The patient has signed the credit card consent form
- They have \$0.00 balance on their account
- They have been re-approved by their provider and Yra
- Patient acknowledges that if RCN in next 12 months, patient may be discharged from the clinic.

We appreciate your understanding and cooperation.

Clinic Scheduling Protocol

Our clinic does not engage in double-booking. Each appointment time is reserved exclusively for the individual patient, and late cancellations or no-shows limit access to care for other patients.

Non-Sufficient Funds (NSF) fees

We charge NSF fees when payment processors, for example our bank or credit card merchants, charge us the fee for failed transactions, especially for bounced checks or declined ACH payments. Our Staff spends time tracking the failed payment, contacting the patient, and reprocessing the transaction, diverting time from patient care and operations.

\$25.00 fee is applied if a payment is declined due to insufficient funds. This fee covers administrative costs and charges incurred by the clinic from our payment processor.

I have reviewed and accept the terms of Mid Cities Psychiatry's RCN (Rescheduling/Cancellation/No-Show) Policy. I agree to adhere to and be legally bound by these terms. I acknowledge that Mid Cities Psychiatry retains the right to amend its RCN (Rescheduling/Cancellation/No-Show) Policy at any time.