4481 Ash Grove Drive Ste B
Springfield, IL 62711
217-247-4421
217-771-1591
pepperbrownassociates@gmail.com
www.pepperbrownassociates.com

Attendance Policy: Late Cancellations & No-Shows

We use a three-strike system to support consistency in care and respect for our clinicians' time.

Strike counts will automatically reset after 3 months of consistent attendance (no missed appts or late cancellations).

⏰ What Counts as a Strike?

- Late Cancellation = Canceling less than 24 hours before your appointment
- No-Show = Missing an appointment without notice

⏰ Strike System Overview

- Strike 1– We follow up to check in and support scheduling.
- Strike 2– We follow up again and remind you of the attendance policy.
- Strike 3– If no future appointments are already booked, the ball is in your court. We will not initiate further scheduling until you reach out. *If no appointment is scheduled within 30 days, services will be formally closed.
- Strike 4– All future appointments are canceled.

We understand that life happens. If you're sick or facing unexpected challenges, please reach out as early as possible. While we aim to be flexible, late cancellations due to illness still count as strikes unless otherwise discussed with your therapist. Changes made with the 24 hours' notice are strike-free.

Failing to notify your Pepper Brown & Associates provider prior to 24 hours before your scheduled appointment will result in a fee of $100 unless there are extenuating circumstances that you have notified your provider about prior. Your insurance cannot be billed for a late cancellation and/or no-show appointment. A session is considered 'late cancelled' if you fail to appear 15 minutes into the session.

**I understand that I will be charged half of the full rate for missed appointments not cancelled within 24 hours as explained in the fee agreement. *

_____ I authorize Pepper Brown & Associates to keep on file and to charge my credit/debit/HSA/FSA card (using Square/Vantage/IvyPay/Stripe) for no cancellation notice prior

to 24 hours.

I agree that neither I, nor my representative will deny or dispute/reverse any credit card charges, regardless of reason or outcome. Choosing to reverse any card charges will result in the immediate termination of clinical services.

The charges will appear on credit card statements as Pepper Brown and Associates, LLC.

Mistakes do happen. If at any time, you have questions or concerns regarding a charge from our practice, please reach out to your provider to schedule a time to discuss the concern. We will do our best to explain the charge or provide a refund if a mistake has been made.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS OF THIS ATTENDANCE POLICY.

Client (Guardian if Minor) Signature:

Client (Guardian if Minor) Signature	Date