



Crescent Behavioral Health Clinic, LLC
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APPOINTMENT CANCELLATION AND NO SHOW POLICY

Thank you for considering Crescent Behavioral Health Clinic, LLC for your medical care. We understand things come up and you cannot make it for your appointment.

you need to reschedule or cancel an appointment, please contact our office as soon as possible. Not doing so takes away the opportunity to give that appointment to another patient. We appreciate your understanding the following:

Cancellation Policy: Appointments not canceled or rescheduled **24 hours** prior to appointment time will be charged a **\$150 fee**. Failure to show for a scheduled appointment, being late and/or calling to cancel after the actual time of the appointment will be documented as a no show and you will be charged a **\$150 no show fee**.

No-Show Policy: If your total number of No Shows exceeds three, you will be **charged \$150** in addition to the loss of recurring appointments.

By signing below, I authorize Crescent Behavioral Health Clinic, LLC to keep a credit card on file for future payments and to charge all balance accrued on the patients listed below with the information saved. I further understand that if a payment is denied by the credit card on file, I will not be able to schedule any further appointments with Crescent Behavioral Health Clinic, LLC if three no show visits.

I am aware that if any of my personal information has changed, I am responsible to notify Crescent Behavioral Health Clinic, LLC of the change(s) to ensure they have the most current information to contact me or process payment accurately.

Signature

Date

Print Name