

Vest Psychiatric Services, LLC  
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### Cancellation/ No Show Policy

Our goal is to provide our patients with high quality care in a timely manner. With a current up rise in the number of patients who are not showing for their scheduled appointments, we have decided to implement a cancellation/ no show policy. We understand that in certain situation, you must cancel your appointment. Please call to cancel at least 24 hours in advance. This allows us adequate time to fill your appointment slot with another patient who needs access to our physicians and staff.

Patients who do not show up for their appointment, without a call to cancel at least 24 hours ahead of time, will be considered a **NO SHOW/LATE CANCEL**. This will be documented in our system, and if you need to call and make another appointment, you may be charged a **\$50.00** fee, to be paid in full, before being allowed to make that appointment. This will not be covered by your insurance.

Patients who do not show for their appointment (s) 2 or more times, will be considered for dismissal from the practice. This will be at the discretion of the provider, and dismissal will result in denial of any future treatment/appointments by our practice.

**Please sign below indicating that you have read and understand the cancellation/no show policy, and agree to abide by the guidelines.**

Print Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Signature of Patient or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(If signed by other than patient, state relationship & authority to do so)

Witness \_\_\_\_\_ Date: \_\_\_\_\_