STATESBORO PSYCHIATRIC ASSOCIATES, P.C.
Adult Psychiatry • Child & Adolescent Psychiatry

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Psychotherapy Appointment Policy

I understand that I have reserved a regular psychotherapy time for a particular time, day and frequency. If I am unable to come in for my regularly scheduled appointment, I will provide as much notice as possible, with a minimum 24-hour notice.

If an appointment is missed without notice, a charge of $50 will be assigned the first time, and the full-session charge of $130 will be assigned for any subsequent missed appointments without notice. I understand that missed appointments cannot be filed with my insurance, and that I will be solely responsible for these charges, and that all missed appointment charges must be covered within two weeks to hold my future psychotherapy appointments.

_____ Patient Name

_____ Name of Responsible Party (if not the patient)

_____ Signature of Responsible Party/Patient
*Digital Signature

_____ Signature of SPA staff/witness

_____ Date