

**Vista Behavioral Health, LLC  
152 Simsbury Road  
Bldg 9, FL 2  
Avon, CT 06001  
(860) 269-3101**

**No-Show Appointment Policy**

**DECLARATION OF AGREEMENT REGARDING MISSED OR CANCELLED APPOINTMENT**

**I understand and agree to the following:**

1. It is my responsibility to notify:

**Vista Behavioral Health, LLC Phone number: (860) 269-3101**

at least 48 business\* hours prior to the scheduled appointment if I am unable to keep the scheduled appointment.

2. Appointments cancelled without 48 business\* hours notice will result in a **\$40.00** late cancellation fee.
3. Missed appointments without calling or calling past the 48 business\* hours in advance will result in a **\$60.00** missed appointment fee.
4. Administrative fee for paperwork or forms is **\$60.00** and can be more if the paperwork is extensive.

These fees are not covered by insurance.

Communication via email is not used by the practice and should not be used for cancellation of appointments.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

\* Business hours exclude weekends and holidays