

# Lily Health and Wellness Center

**Location:** Annapolis, MD 21401

**Phone:** 240-425-4487

**Fax:** 240-425-4255

**Email:** admin@lilyhealthmd.com

---

## Appointment Cancellation and No-Show Policy

Lily Health and Wellness Center is committed to providing exceptional psychiatric and primary care services in a timely and efficient manner. To ensure availability for all patients and to respect the time of our providers, the following cancellation and no-show policy is in effect.

---

### Cancellation and Rescheduling Requirements

Patients are required to provide **at least 24 hours' notice** for all appointment cancellations or rescheduling requests. Timely notice allows us to offer the appointment to other patients who may be waiting for care.

If you need to cancel or reschedule an appointment, please contact our office as soon as possible and no later than 24 hours prior to your scheduled appointment time.

---

### No-Show and Late Cancellation Fees

This policy is effective **March 1, 2022**, and applies to all scheduled appointments:

- **First occurrence:** Failure to attend a scheduled appointment without providing at least 24 hours' notice will be considered a *no-show* and will result in an **\$80.00 fee**.
- **Second occurrence:** A second no-show or late cancellation will result in a **\$90.00 fee**.
- **Third occurrence:** Repeated failure to comply with this policy may result in **dismissal from Lily Health and Wellness Center**.

All no-show and late cancellation fees are the responsibility of the patient and **are not billable to insurance**. Fees will be charged at the patient's next visit or billed directly to the patient.

---

### Appointment Reminders

As a courtesy, patients typically receive automated appointment reminders one to two days prior to their scheduled visit. When possible, reminder calls may also be placed by our staff.

Failure to receive a reminder—whether automated or by phone—does **not** exempt a patient from this cancellation and no-show policy.

---

### **Emergencies and Exceptional Circumstances**

We understand that unforeseen emergencies may occur. In such circumstances, patients are encouraged to contact our office as soon as possible. Fee waivers may be considered at the discretion of Lily Health and Wellness Center.

---

### **Contact Information**

Patients may contact Lily Health and Wellness Center **24 hours a day, 7 days a week**. If you are unsure of your upcoming appointment date or time, please contact our office for confirmation.

---

### **Acknowledgment and Agreement**

By signing below, I acknowledge that I have read, understand, and agree to the Appointment Cancellation and No-Show Policy outlined above.

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_