



## Cancellation and Missed Appointment Policy

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

We will make every effort to accommodate your scheduling needs. In return we ask that you help us by keeping your scheduled appointments, and by notifying us in advance if you are unable to do so. Thank you for your courtesy.

**ALL CLIENTS WHO FAIL TO ARRIVE ON-TIME FOR THEIR SCHEDULED APPOINTMENTS OR WHO CANCEL WITH LESS THAN 24 HOURS ADVANCE NOTICED WILL BE CHARGED A NO SHOW FEE OF \$65.00**

### Important Information:

- This no show fee is **NOT** covered by insurance plans and is your responsibility to pay
- If you need to cancel or reschedule an appointment, please give us at least 24 hour notice in advance to avoid a charge. You must leave a voicemail message if you do not speak to our receptionist.
- If you fail to arrive for your appointment, are more than 20 minutes late, or have not notified us 24 hours in advance, you will be charged a no show fee.
- Two consecutive no show fees or excessive cancellations will result in your therapist being notified, cancellation of any remaining appointments, and your chart being closed.
- All no show fees are due at the time of your next scheduled appointment
- Our reminder service are sent as a courtesy and will not prevent these charges.

Thank you for your assistance in complying with our policy.

**I HAVE READ THIS CANCELLATION/MISSED APPOINTMENT POLICY. I UNDERSTAND AND AGREE TO THIS CANCELLATION/MISSED APPOINTMENT POLICY.**

\_\_\_\_\_  
Signature of the Client or Responsible Party

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

\_\_\_\_\_  
Printed Name of Responsible Party

\_\_\_\_\_  
Therapist Signature

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

### Statement of Understanding:

Client      Therapist

\_\_\_\_\_

*This policy has been verbally reviewed with me by my therapist during my initial session. I understand that there are no exceptions to this policy including but not limited to: illness, emergency, work, traffic, inclement weather.*