

## No-Show and Cancellation Agreement

In an effort to provide excellent client services to all of our patients, and to provide the best possible therapeutic environment, it is our policy to require a fee for no-show appointments and cancellations made less than 24 hours in advance of the scheduled appointment. Please be aware that our reminder calls are a courtesy to our clients and may be made less than 24 hours in advance of your appointment. It is your responsibility to call us and cancel more than 24 hours in advance of the scheduled appointment.

A fee of **\$87.50** for missed follow-up appointments will be charged to the following credit card:

\_\_\_\_ Visa      \_\_\_\_ Mastercard      \_\_\_\_ Discover

Credit Card # \_\_\_\_\_ CVV \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

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

I, \_\_\_\_\_, understand and agree that if I do not show up for my scheduled appointment or if I cancel my scheduled appointment with less than 24 hour's notice (unless due to a medical emergency), the above named credit card will be charged **\$87.50** by the end of the following business day, unless another arrangement is made (i.e. payment plan). If you do not have a credit or debit card, we will accept an undated signed check to keep in our file (please note that you will also be responsible for insufficient fund charges/fees).

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Name of Patient if not self: \_\_\_\_\_