## JOHN R DAY & ASSSOCIATES, LTD CHRISTIAN PSYCHOLOGICAL ASSOCIATES

## NO SHOW / CANCELLATION POLICY

1.	your scheduled appointment, there will not be a charge to you.		
2.	All subsequent times, you will be charged \$80.0 charge will be applied to your account.	<b>0.</b> A No Show or Late Cancellation	1
 Pa	tient/Parent/Responsible Party Signature	 Date	
 Pri	inted Name of Patient		