

# No Show, Late Cancellation and Payment Policy

1. I understand that I will be charged a LATE CANCELLATION fee of \$100.00 if I fail to give at least 24 hour notice prior to cancelling my appointment.
2. I understand that I will be charged a NO-SHOW fee of equal to the appointment charge if I fail to show for my appointment.
3. I understand that all fees are due on the day of session and may be automatically billed on the day of the scheduled session.
4. I understand that if I am late to the appointment, I will still have to end the session at the allotted time. By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from this therapist. I also agree that if I am more than 15 minutes late without notifying therapist, the therapist will not be obligated to stay available the remainder of the appointment time.
5. I understand that I will be asked to complete a credit card authorization form so these fees can be collected.
6. I understand that I will be charged a 3% convenience fee for using a credit card for payment.

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Signature of Responsible Party

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Date