**Better Days Ahead LLC**

**No Show or Late Cancellation Fee**

1. I understand that I will be charged the whole fee of $130.00 for an individual session and/or $150.00 for couples session if I fail to give at least 24 hours notice prior to cancelling my appointment. This will give my therapist time to fill that slot with someone else.
2. I understand that I will be charged the whole fee of $130.00 individual or $150.00 for couples therapy for No Show Fee if I fail to show for my appointment.

1. I understand that it is my responsibility to make payment via Zelle or Pay Pal

48 hours before my appointment. I will not be charged until services are

rendered.

1. I understand that rescheduled appointments with less than 24 hours must be rescheduled the same day to save that session.

 5. I understand that my therapy session will be up to 50 minutes. 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Client’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date