

## **Better Days Ahead LLC**

### **No Show or Late Cancellation Fee**

1. I understand that I will be charged the whole fee of \$160.00 for an individual session and/or \$180.00 for couples session if I fail to give at least 48 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 \$160.00 individual or \$180.00 for couples session for No Show Fee if I fail to show for my appointment.
3. I understand that it is my responsibility to make payment via Ivy Pay 48 hours before my appointment. I will not be charged until services are rendered.
4. I understand that rescheduled appointments with less than 48 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.

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Client's name

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Signature

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Date