



# *Kansas City Therapy*

## No Show and Late Cancellation Policy

1. I understand that I will be charged a LATE CANCELLATION fee of \$60 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 \$60 if I fail to show for my appointment.
3. I understand that these charges are an out of pocket expense and that my insurance carrier will not cover these charges.
4. I understand that the therapy session will last 60 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.

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

Print: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_