

## Cancellation Policy

By signing below I understand and agree that my/our card listed on this form will be charged the following amount:

- 1) **FEE OF \$35** - for first time any appointment is not canceled with at least 24 hour notice, and/or for any appointment I/we neglect to appear ("no show")
- 2) **FEE OF \$85** – for successive appointments not canceled with at least 24 hour notice, and/or for any appointment I/we neglect to appear ("no show")
- 3) **FOR ANY BALANCED OWED** 30 days past due

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

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

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**Logan McIlwain, LCSW policy is that payment is due at the time of the session\***

Confirmation of appointments is provided as a courtesy, when there is ample staff to do so. Keeping the appointment is the responsibility of the client.

All new or returning clients will need to have a credit card number on file before scheduling their first or a new appointment.

Credit cards numbers will be securely locked and kept confidentially along with other client data.

### Payment Information

Select card type: ☐ Mastercard ☐ VISA ☐ Discover

Card Number: \_\_\_\_\_ CVC: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

***Amount: Maximum \$85 for missed appointments or ANY balance due past 30 days***