

Missed appointments and late cancellations

Your appointment is reserved exclusively for you. If you miss your appointment or cancel at the last minute, your therapist is unable to care for another client. Thus, missed appointments, or those cancelled within **48 hours** of scheduled appointment time are subject to a missed appointment fee equal to the allowed amount authorized by your insurance, or the full session amount if you have a fee-for-service arrangement.

You are required to provide credit card information and authorization for your therapist to charge your card automatically in the case of missed appointments or late cancellations. A receipt for each payment is available upon request.

Please complete:				
I,		, (credit card holder's full n	name) authorize The Co	ncordium to
charge my credit card, i cancellation of a schedu	ndicated below, the amount of onlied session with less than 48 hou	ne full session* in the event our notice.	f a missed scheduled se	ssion or
Billing Address:				
Billing Address:Street		City	State	Zip
Phone#:	Em	nail:		
company. Fees and allo	eed upon fee for services (if not wable amounts are subject to chaber of the Concordium administration of the Concordium administration of the Concordium administration of the Credit	ange. You will be notified of a		
☐ Visa	☐ MasterCard ☐	American Express	Discover	
Card Number:		Expiration	on Date:	
Cardholder Name:		Security	Security Code (CVV):	
	thorized user of this credit card a e transactions correspond to the t			my credit card
Signature:		Dato	e:	