



No-Show and Cancellation Agreement

In an effort to provide excellent client service to all of our clients, and to provide the best possible therapeutic environment, it is our policy to require a fee for no-show appointments and cancellations made less than 24 hours in advance of the scheduled appointment. *

The fee of \$115.00 will be charged to the following credit card:

Visa MasterCard American Express Discover

Credit Card #: _____

Expiration Date: _____ CCV (Credit Card Verification) _____

Name as it appears on Card: _____

I, _____, understand and agree that if I do not show up for my scheduled appointment or if I cancel my scheduled appointment with less than 24 hours notice, the above named credit card will be charged in the amount of \$115.00.

Signature _____ **Date** _____

Printed Name _____

Address: _____ Daytime Ph.: _____

City: _____ Zip: _____

**Exceptions for emergencies are determined by your counselor; and cancellations made 24hrs prior to your time on Monday appointments must occur on Friday as weekend days do not count. If you have a double session booked, you will be required to pay half the amount due unless you cancel within 48 business hours.*