

No-Show and Cancellation Agreement

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

A fee of \$150 for missed follow-up appointments and \$220 for evaluations will be charged to the following credit card:

Visa **MasterCard** **American Express** **Discover**

Credit Card # _____

Name as it appears on Card: _____

CVV code: _____ Expiration Date: _____

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 for the balance of the appointment.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime phone: _____