



No Show, Late Cancellation and Co-payment Policy

1. I understand that I will be charged a LATE CANCELLATION fee of \$50 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 \$90 if I fail to show for my appointment.
3. I understand that I will be charged an additional \$10 service charge if I fail to make my payment at the time of my appointment.
4. I understand that the therapy session will last 50 minutes. I understand that if I am late to the appointment, I will still have to end the session at the allotted time. Payment for a full session will still apply. By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from this therapist.

Signature of Responsible Party

Date