

## NO SHOW AND LATE CANCELLATION FEES

We ask all patients to leave a valid credit card number on file for no shows and late cancellation fees. Our office contracts with clinicians for their professional time as a convenience to our patients. Insurance companies cannot be billed for late cancellations or missed appointments. Since your clinician reserves a specific time for you, we require this credit card information prior to your visit. Your card may also be used for any deductibles or copayments owed.

We require a 48 hour cancellation notice for initial evaluations and a 24 hour cancellation notice for any follow up visits. **We charge \$ 170 for missed or late cancelled initial evaluations and \$ 50 for missed or late cancelled follow up appointments.**

\_\_\_\_\_ Master card

\_\_\_\_\_ Visa card

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

3 digit code on the back of your card: \_\_\_\_\_

Credit card holder's name: \_\_\_\_\_

By signing I consent to the policies set forth.

\_\_\_\_\_  
signature

\_\_\_\_\_  
Date