NO SHOW/CANCELLATION POLICY

Psychological Strategies, LLP has a **very strict no show/late cancellation policy**. Because the appointment time is reserved for you, it is necessary to charge the patient for appointments which are not canceled ***48*** hours in advance. Initial: _____ _____

Failure to provide this advance notice generally means that we are unable to use this appointment time. Insurance companies can not be billed for these lost appointment times and, therefore, it will be the patient's responsibility to pay to designated office fee of **$75**.

I have read the above materials and agree to the terms.

_____ _____

Patient/Parent/Guardian Signature Date

_____ _____

Patient/Parent/Guardian Signature Date

_____ _____

Therapist's Signature Date

Patient Name: _____ Patient ID:_____