Cancellation & Missed Appointment Agreement

I understand that I will be charged for any appointments missed or not canceled within 24 hours of my scheduled appointment times. I understand that the fee is $125.00 and no part of this charge is covered by my insurance or EAP program.

By signing this agreement, I commit to paying any charges associated with my appointments (or children's appointments) when I miss an appointment or fail to cancel within 24 hours.

ALTHOUGH I MAY RECEIVE A COURTESY CALL THE DAY BEFORE THE APPOINTMENT AS A REMINDER, LACK OF A COURTESY CALL DOES NOT RELIEVE ME OF THE OBLIGATION OF MY APPOINTMENT OR GIVING 24 HOUR NOTICE. FURTHERMORE, IF I CANCEL WHEN THE COURTESY CALL IS MADE, I WILL STILL BE RESPONSIBLE FOR ANY PAYMENTS IF I HAVE NOT CANCELLED PRIOR TO 24 HOURS OF MY APPOINTMENT TIME.

_____ _____

Signature Date