

Cancellation & Missed Appointment Agreement

I understand that I will be charged for any appointments missed or not canceled prior to 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 prior to 24 hours.

Signature

Date