

**CANCELLATIONS AND MISSED APPOINTMENTS**

**Date:** \_\_\_\_\_

The fee for missed or late cancelled appointments cannot be recovered through insurance. Therefore the following expectations apply.

**Cancelled appointment with greater than 24 hour notice:**

You did it, well done. Another client can use this time. No fee applies.

**Cancelled appointment with less than 24 hour notice:**

Thanks for checking in, but it's not enough time to schedule another client. I know life happens so I'll give you a little break. You are responsible for 75% of your full appointment cost.

**Missed appointment without prior notice:**

Oops, our time together is valuable. You'll need to pay the full cost of your Appointment. You may be asked to pay before scheduling future appointments.

Statement of Understanding

I understand the expectations for missed appointments without notice and late cancelled appointments. If I have questions or concerns regarding this policy I will speak with my provider.

Client 1 Signature: \_\_\_\_\_

Client 2 Signature: \_\_\_\_\_