Cancellation Policy

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed for the entire cost

of your missed appointment.

**You are responsible for payment at the time of service. We are out of network providers and do not submit claims on your behalf.**

Thank you for your consideration regarding this important matter.

Sign below to acknowledge cancellation policy:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature (Client’s Parent/Guardian if under 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date

Billing

All forms of payment are accepted.

**Fees:**

Intake – CC $225 / Cash or check $220

Individual – CC $180 / Cash or check $175

If you would like your card to be charged after each appointment please fill out information below:

Credit Card Information:

Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV Code (3 digits on back)\_\_\_\_\_\_\_\_\_\_\_\_

 Choose One: Visa \_\_\_ Amex\_\_\_ Disc\_\_\_ MC\_\_\_

 Billing Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize my card to be charged:

Client signature Date