CAROL ROSE ADKISSON
Licensed Marriage Family Therapist

Licensed Marriage and Family Therapist #83484

www.caroladkisson.com
9161 Sierra Ave. Suite 213, Fontana, CA 92335
909-693-3177

48-HOUR CANCELLATION FEE POLICY

Appointments must be cancelled *48 hours in advance excluding holidays and weekends.* For instance; if calling to cancel for a Monday appointment, the cancellation must be made by Friday. If cancelling over a holiday the holiday itself does not count as normal business hours. In the case of a late cancellation, one full session fee payment will be charged.

Due to the volume of clients in need of services, each appointment is not only imperative, but valuable to both you as the client and to the provider to maintain the efficiency of the practice.

_____ I understand that I _____ will be financially responsible for any late cancellation fees, and that my insurance will not be billed for this.

_____I understand that I will be charge *a cancellation fee* of one full office session with each late cancellation.

_____I understand that if I should have some personal medical emergency which prevents my attendance at my scheduled appointment, my late cancellation fee may be waived if I provide verification of medical services to my therapist.

_____I understand that weekends and holidays do not count as normal business hours and as much I am expected to cancel any necessary appointments with this in mind. For example, if my appointment is on a Monday, I am expected to call by the prior Friday in order to fall within the 48-hour cancellation policy.

_____I understand that in the event the appointment is cancelled within the 48-hour cancellation period, I will be contacted to inform me of the fee that will be applied to my credit card.

My credit card information is VISA, Mastercard, American Express-Please circle.
Credit Card Number _____ Expiration Date ____/_____
CCV Number _____ Zip Code _____

_____

I, _____ have been informed and understand to my satisfaction, the above mentioned policy and hereby concur to the terms and conditions of this agreement.

_____   _____

Signature   Date