



APPOINTMENTS COPAYS, CANCELLATIONS

& NO SHOW/NO CALL POLICY FOR **SELF PAY AND BCBS CLIENTS:**

Your credit card below will be charged for copays or underpayments for your appointments as applicable. Cancellations and re-scheduled sessions will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, please be aware that you may lose some of that session time.

Please remember to cancel or reschedule 24 hours in advance of your scheduled appointment. You will be responsible for the entire cost of the session (we cannot file insurance if you do not attend a session and therefore we will charge you for the full amount that insurance allows for a therapy session, for BCBS this would be \$80 for your initial session, or \$77 for individual or family session, for self-pay it would be \$120 for the initial session, and \$100 for individual or family sessions.) if cancellation is less than 24 hours of the scheduled session. You will be charged the full amount of the session for a NO SHOW to your appointment.

Credit Card Info: *(For Self-pay and BCBS Clients ONLY, NOT with Medicaid/Medicare clients)*

Card Number: _____ Exp Date: _____

3 Digit Security Code: _____ Billing Zip Code: _____

Your signature or e-signature confirms your understanding and agreement to our policy above.
Thank you.

Print name: _____

Signature: _____ **Date:** _____