*Claremont Counseling and Support Center*
*250 W. First St. Suite 230*
*Claremont, CA 91711*
*909-624-1997*
*909-624-4409 fax*

# CANCELLATION FEE POLICY

A cancellation fee, in the amount of a full session charge will be applied to your account for any scheduled appointment that is missed, rescheduled, or not canceled prior to 24 hours.

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.

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