

Claremont Counseling and Support Center, A Psychological Corporation
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CANCELLATION FEE POLICY

Appointments must be cancelled *24 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, *a full session charge* will be made directly to the office by the client.

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 charged a *total session fee* of _____ 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 such 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 24 hour cancellation policy.

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