WCT
Health & Wellness
WHAT WE THINK, WE BECOME.

No Show, Late Cancellation & Co-payment Policy

1. I understand that I will be charged a LATE CANCELLATION fee of $85 if I fail to give at least 24-hour notice prior to canceling my appointment.

2. I understand that I will be charged a NO-SHOW fee of $85 if I fail to show for my appointment.

3. I understand that I am responsible for paying my co-payment at the time of my appointment.

4. I understand that these charges are an out-of-pocket expense and that my insurance carrier will not cover these charges.

5. I understand that if I am late to my appointment, I will still have to end the session at the allotted time.

By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from this therapist.

Signature of Responsible Party

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Date

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