

CLINICAL NEUROPSYCHOLOGY ASSOCIATES

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Certified School Psychologists +
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TREATMENT CANCELLATION POLICY

Clinical Neuropsychology Associates makes every effort to meet the scheduling needs of our clients. It is important for you to keep your scheduled appointments to insure that we can provide you with the services we have agreed upon as part of your treatment plan. However, in order to be respectful of clients' and therapists' time, we have instituted a cancellation policy.

If you are unable to keep your scheduled appointment, you must provide **24** hours notice. If you cancel with less than 24 hours notice, you will be charged a late cancellation/broken appointment fee of **\$50.00**. Under certain circumstances, your insurance company may place limits on the amount of this fee. If this applies, you will be charged the appropriate fee (_____). This cancellation fee will be billed directly to you and will not be covered by your insurance carrier. Payment of the fee must be made on or before your next scheduled appointment.

If you would like a telephone call confirming your appointment in advance, please discuss this with your therapist.

Your signature below certifies that you have read and understand the cancellation policy, and you agree to follow it. You will be provided with a copy of this policy for your records.

Signature of Client/Guardian

Date

Signature of Therapist

Date