

Late Cancel/Missed Appointment Policy

- 1) **Late Cancel** - Appointments canceled with less than a 24-hour notice will be subject to a Late Cancel Fee of \$50 (*exceptions considered for significant illness or emergency situations such as inclement weather, etc.*)
- 2) **Missed** - Appointments that are not attended and not canceled prior will be subject to a No Show Fee of \$75 (*no exceptions*)

Please sign and date below to indicate you understand and agree to the above stated policy of **Family Therapy Clinic of Louisiana, LLC.**

Patient Printed Name

Responsible Party Printed Name (*if different from patient*)

Responsible Party Signature

Date