

No Show, Late Cancellation and Co-payment Policy

Becky Lennox, CRT, CCDC, CACC

1. I understand that I will be charged a LATE CANCELLATION fee of \$125.00 if I fail to give at least 24-hour notice prior to cancelling my appointment.
2. I understand that I will be charged a NO-SHOW fee of \$125.00 if I fail to show for my appointment.
3. I understand Becky Lennox has a self-pay practice and does not accept insurance coverage file insurance claims or fill out insurance information for clients.
4. I understand that I will be charged a \$10 service charge if I fail to make my payment and/or co-payment at the time of my appointment.
5. I understand that these charges are an out of pocket expense and that my insurance carrier will not cover these charges.
6. I understand that the therapy session will last either 60 or 90 minutes and will be schedule prior to the session. I understand that if I am late to the 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

Date