

Life Discovery Psychotherapy Cancellation and No-Show Policy

At Life Discovery, we are committed to providing you with quality care and consistent treatment. We also ask for your full participation and commitment for the best possible outcomes. As part of that commitment, we ask that you attend each appointment you schedule, and provide prompt notice of cancellation when you cannot attend. Please note that your insurance will not pay for the time you reserve when you make an appointment if you do not keep that appointment, therefore our cancellation policy is very important to our business and our ability to make a commitment to you.

For the sake of clarity, some key terms are defined as follows:

No-Show: An instance in which, without communication, a client does not keep, or is unable to keep a previously scheduled and confirmed appointment.

Late Cancellation: An instance in which a client cancels an appointment less than 24 hours in advance of the appointment. (Monday cancellations must be received by 6 p.m. on Friday.)

Therefore, please provide your credit card information below, which will be stored securely on file with restricted access and will be used in only two specific situations:

- 1) No-Show: I understand that I am responsible to pay for the time I reserve with my therapist when I am unable to keep my appointment and I do not provide at least 24 hours' notice.

I hereby authorize use of the credit card below to charge one \$70 "No-Show" fee.

(Signature) _____ (Date) _____

- 2) Late Cancellation: I understand that I am responsible to pay for the time I reserve with my therapist when I am unable to cancel my appointment within 24 hours of the appointment (or before 6 p.m. Friday, for all Monday cancellations).

I hereby authorize use of the credit card below to charge one \$70 "Late Cancellation" Fee (\$70 for couples/family sessions) for each Late Cancellation occurrence.

(Signature) _____ (Date) _____

CREDIT CARD INFORMATION			
Name	on	Credit	Card ____
_____	Card Type	_____	
_____	Expiration Date	_____	
Credit Card		Number	_____
_____	CVV #	Billing Zip Code	_____

***** Please note that your credit card will NOT be charged without notice.**