

Resilience Counseling LLC

5929 N May Ave, Suite 411, Oklahoma City, OK 73112 (405) 760-7078

CANCELLATION POLICY

You are respectfully asked to give 24 hours notice when canceling an appointment. Any cancellations made with less than 24 hours notice will incur a 'Missed Appointment Fee.' (See Fee Agreement.) **This fee is equal to the amount you pay per session.** If you have a credit card on file, you agree to allow the therapist to charge that card for missed appointments. If you do not have a card on file, you agree to pay the fee for the missed appointment in full prior to the start of your next session. Exceptions *may* be made for situations concerning inclement weather and other emergencies. (Initial _____)

In the event that you do not show up for a scheduled session, a 'No Show' fee will be processed on the same business day as your scheduled appointment. **This fee is equal to the amount you would pay for a regular session.** If you have a credit card on file, you agree to allow the therapist to charge that card for missed appointments. If you do not have a card on file, you agree to pay the fee for the missed appointment in full prior to the start of your next session. Exceptions *may* be made for situations concerning inclement weather and emergencies. (Initial _____)

If you are late by 15 minutes or more, it will be considered a missed appointment and you will need to reschedule to be seen by your therapist. **There is a \$50.00 charge for late appointments that require rescheduling.** If you have a credit card on file, you agree to allow the therapist to charge that card for missed appointments. If you do not have a card on file, you agree to pay the fee for the missed appointment in full prior to the start of your next session. Exceptions *may* be made for situations concerning inclement weather and emergencies. (Initial _____)

Additionally, if you arrive to your appointment impaired by drugs or alcohol (as determined by your therapist), that session will be cancelled and rescheduled for a future date. This event will be treated as a missed appointment; therefore, the \$50.00 missed appointment fee will apply.

PRIVATE PAY CLIENTS

You are personally responsible for payment at the beginning of each scheduled session. Any balance not paid by the end of the calendar week will be automatically charged to your designated card below.

I agree to the above policies and authorize you to charge any payment incurred to the credit card below.

SIGNATURE _____

DATE _____

CREDIT CARD: AMEX VISA MC DISCOVER

CARDHOLDER'S NAME _____

CARD # _____ EXP. DATE _____

THREE DIGIT CID NUMBER _____ ZIP CODE _____