



## **No Show, Late Cancellation and Co-payment Policy**

This policy is in place because, at Retreat Wellness, we believe that your mental health, well-being, and functioning is a priority. Therapy is a time commitment and an investment in yourself and your personal growth. Progress in therapy means being committed to, and consistent in, this process. Regularly canceling or not attending scheduling appointments impacts treatment effectiveness and results.

A fee of \$50\* will be charged when you miss or cancel an appointment without giving 24-hours advanced notice. You can cancel your appointment by calling, texting, or emailing.

Standing appointment times that are often canceled may need to be discontinued and each appointment scheduled individually.

If you are more than 15-minute late to your appointment, it will be treated like a late cancellation.

\*The only time the fee will be waived is in the event of serious or contagious illness or extreme weather or other unavoidable circumstances.

Missing an appointment without notice will be considered a no show. No show appointments that are not reschedule within 24-hours, will result in the termination of the therapeutic relationship. Appropriate referrals to other practices will be offered.

You may return to therapy at any time; however, you may be placed on a waiting list if Retreat Wellness does not have openings. This is standard practice with most therapy agencies and private practice offices.

1. I understand that I will be charged a LATE CANCELLATION fee of \$50 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 \$50 if I fail to show for my appointment.
3. I understand that I am responsible for knowing my co-payment amount and deductible amount. My co-payment amount per session is \_\_\_\_\_; my deductible amount per year is \_\_\_\_\_. Have you met your deductible for this year? ☐ YES ☐ NO If no, how much more do you have to pay towards your deductible? \_\_\_\_\_
4. I understand that I will be charged a \$20 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 50 minutes. 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.

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Signature of Responsible Party

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Date