

CONSENT FORM

Missed Appointment/ Late Cancellation Policy Agreement

We all have emergency situations from time to time that prevent us from keeping our commitments. However, please make your scheduled appointments with our office a priority on your calendar, as there are only a limited number of appointments available each week. Your consideration will help us to make the best use possible of our time and to better meet the needs of all our clients.

Cancellations must be received at least 24 hours before your scheduled appointment to avoid being charged the customary fee for that missed appointment. You are responsible for calling or texting to cancel or reschedule your appointment. Third-party payments will not usually cover or reimburse for missed appointments. The charge for your individual session is \$150.00.

I, _____, hereby understand that failure to notify the office of Lois Thomson Bowersock & Associates, LLC at least 24 hours in advance of a missed or cancelled appointment will result in a \$ 150.00 charge on my account for the missed session.

By signing, I acknowledge that I, _____, am responsible for calling or texting to cancel or reschedule my appointment and I have both read and understood the terms for the Missed Appointment/ Late Cancellation Policy.

Signature of Client or Legal Representative

Date:

