



Cancellation and No-Show Policy

If it is necessary to cancel your scheduled appointment, we require that you let us know at least 24 hours in advance. This will allow us the opportunity to offer that appointment time to another patient.

A cancellation without 24 hours in advance or a “no-show” regardless of reason, will result in a full fee charge that is not covered by your insurance plan and will be your direct responsibility.

____ (please initial) I understand that my credit card will be charged for a cancellation without 24 hours in advance or a “no-show” appointment, plus a convenience fee of 3.9% per transaction.

I hereby acknowledge that I am aware and accept the financial responsibility for fees assessed to my account for failing to provide a 24-hour cancellation notice of any scheduled appointment at Beautiful Mind Therapy.

Patient Name: _____ Patient Signature: _____ Date: _____
(age 18 and older)

Patient Name: _____ Patient Signature: _____ Date: _____
(age 12 and older)

Parent/Guardian name: _____ Parent/ Signature: _____ Date: _____
(for client under age of 18) Guardian

Therapist Name: _____ Therapist Signature: _____ Date: _____