



Center for Family Guidance, PC

Cancellation Policy

PATIENT'S NAME: _____

All appointments are scheduled in advance. This time is set aside specifically for you. We require no less than 48 hours advance notice (circumstances permitting) for the cancellation of an appointment. If you do not cancel your appointment within the above time frame, you will be charged the scheduled fee for the session. We cannot submit a charge to your insurance company for a session if the session was not actually held.

Examples of current scheduled session fees are as follows:

<u>Type of Provider</u>	<u>Initial Evaluation</u>	<u>Therapy Session</u>	<u>Medication Management</u>
Psychiatrist	\$275	\$170	\$110
APN	\$185	\$140	\$80
Psychologist	\$225	\$140	N/A
LCSW/LPC	\$175	\$115	N/A

It is your responsibility to notify the office of any cancellation. When courtesy confirmation calls are made, please be aware they are exactly that. This is not an opportunity to cancel in less than 48 hours without being charged a missed appointment fee.

Thank you for your cooperation in this matter.

Signature of patient or guardian in minor

Date