

**THERAPY WITH A HEART  
LISA POPE, LCSW**

**PAYMENT  
and  
CANCELLATION/ NO-SHOW POLICY**

This policy has been established to help me serve you better.

It is necessary for me to make appointments in order to see my clients as efficiently as possible. No-shows and late-cancellations cause problems that impact my practice. When an appointment is made and not kept, it takes an available time slot away from another client . No-shows and late-cancellations delay the delivery of services to other clients.

A “no-show” is missing a scheduled appointment.

A “late cancellation” is canceling on the same day as an appointment.

I understand that situations such as medical emergencies occasionally arise when an appointment cannot be kept and adequate notice is not possible however a charge of \$25.00 will be assessed for each no-show or late-cancellation of an appointment. Please understand that insurance companies consider this charge to be entirely the patient’s responsibility. Payment for the missed session must be made prior to the next session. Credit cards and checks are accepted.

I will make every effort to work with you on any outstanding payment due. If we cannot resolve the payment issue after several attempts, the account balance will be turned over to collections. There is a 10% late fee assessed after 30 days past due. I UNDERSTAND THAT I AM RESPONSIBLE ANY DEDUCTIBLES, CO-PAYS OR DENIALS BY THE INSURANCE COMPANY.

Thank you for your understanding.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_