



Restoration Counseling
healing • hope • peace

Office Policies

Cancellation policy is as follows:

While we understand that occasionally appointments must be changed or cancelled due to illness, conflicts or emergencies. As a courtesy, when possible, please provide at least 24-hour notice to reschedule or cancel your appointment.

No Show policy is as follows:

If you are a no show for your appointment, you are subject to a cancellation fee of \$80.00. This is not billable to insurance and will be your financial responsibility. If client has 3 no-shows, they will have their services closed with this office. Emergency cancellations are considered and reviewed on a case by case basis.

Returned Checks:

Return check fee is \$35 per check returned will be charged.

Notification of Insurance:

It is your responsibility to inform your therapist of any changes to your insurance, this includes additional insurance policies. If you receive services and your claim is denied due to terminated coverage you will be held financially responsible for services received. There is an available cash fee agreement if needed.

By signing this form, you acknowledge your receipt of and agreement to these policies.

Printed Name of Person Signing

Relation to Client

Signature