



Tiffany Thibodeaux, LPC, NCC

Professional Counselor for Adults & Adolescents

Cancellation Policy

We realize that clients may need to cancel or change their appointments from time to time. If you must do so, please contact our office by calling (225) 402-9167 or email me at appts@tiffanythibodeaux.com, 24 hours before your scheduled appointment time. If you fail to cancel in a timely manner, we cannot fill the spot with another client and you will be charged for the full cost of the appointment. Insurance does NOT cover missed appointment fees.

- If you do not show up for your scheduled therapy appointment, and you have not notified us least 24 hours in advance, you will be required to pay the full cost of the session. All future session will be cancelled, and new appointments will not be made until payment is made in full.
- If you are late for a session, the session will still end at the regularly scheduled time and you will be billed for the full amount. If you are more than 15 minutes late for a session and do not notify our office, your appointment may be given to another client or I may leave for the day.
- If a client misses 3 scheduled appointments, they will be referred to another provider.
- Exceptions to this policy are only given for extreme emergencies and at our discretion.

Authorization – Card Information is Required

I AGREE to provide the credit/debit card information listed below to guarantee payment and I understand that my card will be charged in the case of non-compliance with the 24-hour Cancellation Policy. I authorize Tiffany Thibodeaux to charge this card for any missed appointments fees. Please note that Medicaid clients may not be charged for missed appointments.

Name on Card	_____
Card #	_____
Expiration	_____ 3 digits _____ Zip Code _____
Mailing Address	_____

To maximize time in our therapy session I prefer to keep a debit/credit card on file to pay for therapy sessions.

I AGREE to keep a credit card on file and authorize Tiffany Thibodeaux, LLC to charge the credit card listed below for future therapy sessions as they occur. Your card will be charged the morning of your appointment and a receipt will be emailed to you

I do not wish to keep my credit card on file. I will pay each session in full by cash or check or will call the office prior to my appointment to make a payment over the phone.

By Signing below, I have read and agree to comply with the 24-Hour Cancellation Policy.

Signature _____ Date _____

Printed Name of Client _____