

## Practice Policy

### Assignment and Release of Insurance Benefits

**Important:** If I will be submitting claims directly to your insurance company, please read and sign below:

I, the undersigned, hereby assign the provider of service all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges incurred. I hereby authorize the release of all information necessary to secure payment of benefits. I authorize the use of this signature on all my insurance submissions.

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

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

**Cancellation Policy:** My practice requires at least a 24-hour notice for cancellation. If the cancellation notice is provided less than 24 hours in advance, the client will be charged at their hourly rate. For clients that are covered by health insurance, the cancellation fee will be at the same rate as the authorized fee for that insurance. If the appointment can be rescheduled within the same week, the cancellation fee will be waived.

Exceptions to this policy are as follows: when you notify me of a true emergency such as if you have a sick child, you are sick and unable to go to work, a death in your immediate family, or in the case of severe weather making it unsafe to travel.

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

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