Healing Hearts COUNSELING
Johnnié Chaisson Sanders

8448 Crossland Loop #163
Montgomery, AL 36117
(334) 357-6688

No Show, Late Cancellation and Co-payment Policy

1. I understand that I will be charged a **LATE CANCELLATION** fee of $75.00 if I fail to give at least 24 hour notice prior to cancelling my appointment.
2. I understand that I will be charged a **NO SHOW** fee of $75.00 if I fail to show for my appointment.
3. I understand that I am responsible for knowing my co-payment amount and deductible amount. My co-payment amount per session is $_____.
4. I understand that these charges are an out of pocket expense and that my insurance carrier will not cover these charges.
5. I understand that the therapy will last 45 minutes. I further understand that if I am late to the appointment, I will still have to end the session at the allotted time.

By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from this Licensed Professional Counselor.

_____ Print Name

_____Signature

_____Date