



United Psychological SERVICES

Cancellation Policy

We do have a **24-hour cancellation policy** resulting in a charge of **\$50.00** for a therapy session and **\$100.00** for a testing session when you fail to cancel the appointment within **24-hours**. This includes if you or any member of your family is ill.

Further, if you are to cancel within **24-hours** of your appointment time two times as an “emergency situation”, you will be required on the **3rd** cancellation to show documentation of your need for an emergency excuse (i.e. doctors note, school note, etc.)

This is to clearly inform you that our cancellation policy is in effect and that we will be charging the credit card on file directly after a missed session. By leaving us your credit card information and your signature below demonstrates that you understand this policy and realize that this will occur if you do cancel within the 24-hour window.

Signed: _____ Date: _____

Therapist Acting as Witness: _____

Returned Check Fee

Please be advised that there will be a \$75.00 returned check fee on all returned checks. By signing below, you agree to this policy.

Signed: _____ Date: _____