

TREE OF LIFE COUNSELING CENTER

151 North Town Crossing Suite 100 Waxahachie, TX 75165 (469) 552-6610

FINANCIAL CONSENT AND ACCOUNTABILITY STATEMENT

I, _____, am aware that I will be charged a fee in the amount of my regular session rate

- (I) IF I CANCEL MY APPOINTMENT WITHIN 24 HOURS OF THE APPOINTMENT (“LATE CANCELLATION FEE”) OR
(II) IF I FAIL TO CANCEL AND FAIL TO SHOW FOR MY APPOINTMENT (“NO SHOW FEE”).

I agree to the one-time charge to my credit/debit card in the amount of my regular appointment fee in the event that (i) I cancel my appointment within 24 hours of the appointment or (ii) I fail to cancel my appointment and fail to show up. _____ (initial)

If I late cancel or miss appointments 2 or more times, I may be required to prepay for my session when scheduling the appointment _____ (initial)

If I do not put a credit/debit card on file, I may be required to prepay for my session when it is scheduled. This will be refunded (less the Square fees) if the appointment is cancelled within 24 hours. _____ (initial)

POLICY FOR LATE CANCELLATIONS AND NO-SHOW APPOINTMENTS

A “late cancellation” is defined as cancelling your appointment within 24 hours of your scheduled appointment. A “no-show” is defined as failing to cancel your appointment and failing to show for the scheduled appointment.

If you have scheduled an appointment and you late cancel or no-show the appointment, you will be charged the full session rate.

If you cancel, late cancel or no-show for a scheduled appointment more than 3 times, you will be removed from the recurring schedule. You will be required to book on a week by week basis at the discretion of your counselor.

*******This Applies To ALL Clients, Including Those Who Receive a Scholarship*******

Credit/Debit Card Information

Name as it appears on the card: _____

Credit/Debit Card#: _____

Expiration Date: _____ Security Code (back of card): _____

Cardholder's Zip Code: _____ All Clients this form applies to: _____

Cardholder Signature: _____

Date: _____