

# CANCELLATION FEE WAIVER REQUEST

## POLICIES:

### CANCELLATION POLICY

Cancellations must be made at least 48 hours prior to your scheduled appointment time. We accept cancellations by phone call, text, or email. A cancellation fee of \$100 will be applied for all cancellations made with less than 48 hours' notice. Insurers do not pay for missed sessions, therefore you will be held responsible for the full \$100 amount. We require a credit card number be given so that appropriate fees may be charged if a late cancellation does occur.

### LATE ARRIVALS

We cannot guarantee you will receive the services you scheduled if you arrive more than 15 minutes late. If you think you may be late for your appointment, please call to inform us and we will do our best to accommodate you. However, if we are unable to make accommodations, you will still be charged \$100 for the scheduled services without insurance benefits applied. This is because insurers will not cover the cost for a session if you are not present the entire time.

### NO-SHOW/NO-CALL POLICY

If you miss your scheduled appointment and do not cancel according to our Cancellation Policy, you will be charged the full \$100 fee for each missed service. Additionally, no-shows for intake sessions may incur a \$100 fee, with any remaining balance applied as a credit to your account for future use.

## HOW TO SUBMIT A CANCELLATION FEE WAIVER REQUEST

1. Complete the following information.
2. Email the completed form and any supporting documentation to [clientsupport@dallasctc.com](mailto:clientsupport@dallasctc.com) by 10 pm on the day of a missed appointment.
3. Your request is reviewed and a decision emailed to you.

**COMPLETED FORMS MUST BE RECEIVED BY CLIENTSUPPORT@DALLASCTC.COM NO LATER THAN 10 PM ON THE DAY OF A MISSED APPOINTMENT.**

## CLIENT INFORMATION:

NAME:	<input type="text"/>	DATE OF BIRTH:	<input type="text"/>
PARENT/LEGAL GUARDIAN: (IF CLIENT IS UNDER 18)			
<input type="text"/>			

## APPOINTMENT CANCELLATION INFORMATION:

DATE & TIME OF SCHEDULED APPOINTMENT:	<input type="text"/>	DATE & TIME OF CANCELLATION:	<input type="text"/>
THERAPIST:			
<input type="text"/>			
PLEASE BRIEFLY DESCRIBE THE REASON FOR REQUESTING A CANCELLATION FEE WAIVER:			
<input type="text"/>			