



Life Balance Therapy
RELATIONSHIP RE-PAIR

Life Balance Therapy, LLC
Ph. 210-549-MOOD • Fax: 210-610-8291

Missed Appointment Agreement

Client Name: _____ DOB: _____

Therapist: _____

We understand that sometimes things come up that interfere with plans or that mistakes can occur. However, it is clinically important to maintain scheduled sessions for successful outcomes. Missed appointments also take potential time from other clients who need to be seen. The standard procedure for health care providers is that **Any same same day cancellation (including rescheduled same day) or missed appointments will be applied a \$50 fee.**

___ If the issues persists, client will be referred out of our office to another facility.

Payment for any missed appointment or same day cancellations will need to be paid prior to the next scheduled visit.

NO EXCEPTIONS.

Credit Card (no debit cards) on file for missed appts:

Card Number _____ Exp. Date _____

Sec. Code _____

Zip code _____

Client (Parent/Guardian) Signature: _____ Date: _____

LBT Therapist : _____ Date: _____