

**Donna Bartlett, LCSW, LCAS, CMHt**

**MISSED APPOINTMENTS**

I, \_\_\_\_\_, UNDERSTAND THAT I WILL BE EXPECTED TO PAY A CHARGE OF \$100.00 PER HOUR FOR A MISSED APPOINTMENT OR AN APPOINTMENT THAT WAS CANCELLED LESS THAN 24 HOURS IN ADVANCE.

THIS CHARGE WILL NOT BE REIMBURSABLE BY INSURANCE.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date