

Mailing address: 8301 Lakeview Parkway Suite 111-131, Rowlett TX 75088

Telephone: 214.675.3978

Interview office: 2411 Wesley Street, Suite 303, Greenville, TX

www.ntxfamilyservices.com

No Show, Late Cancellation and Co-payment Policy

1. I understand that I will be charged a LATE CANCELLATION fee of \$40.00 if I fail to give at least 24 hour notice prior to cancelling my appointment.

2. I understand that I will be charged a NO-SHOW fee of \$85 if I fail to show for my appointment.

3. I understand at 15 min past my appointment time, the session may be cancelled and I will be charged a no show fee of \$85

4. I understand that these charges are an out of pocket expense and that North Texas Family Services will not be billing through insurance.

5. I understand that the therapy session will last 50 minutes. I understand that if I am late to the appointment, I will still have to end the session at the allotted time.

By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from this therapist.

Signature of Responsible Party

Date