



## Attendance & Cancellation Policy & Contract

I require **24 hours** notification for cancellation of appointments. To do so, call (864) 248 - 6010. If you do NOT give **24 hours notice**, you **will be charged the amount of the session** you missed. If you cancel **late three times** you will be discharged from my practice. This card may also be charged for balances owed to B. McDonald Therapy, LLC.

### ⦿ Credit Card Information ⦿

Card number: \_\_\_\_\_

Zip Code: \_\_\_\_\_ ⦿ Exp: \_\_\_\_\_ ⦿ Code: \_\_\_\_\_

By signing below, you are acknowledging you understand and agree to the above policies, and for the above card to be charged if you have an outstanding balance.

Signature: \_\_\_\_\_ ⦿ Date: \_\_\_\_\_

*All manually entered credit cards will incur a \$2 fee.*