

Health Group Psychological Services, Inc.
Fullerton * Anaheim Hills

Date: _____

NO SHOW/LATE CANCELLATION POLICY

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. If I must cancel my appointment it is my responsibility to notify Health Group Psychological Services at (714) 578-0990 24 hours in advance of the scheduled appointment.
2. If I fail to cancel my appointment 24 hours or more in advance, I understand that I will be billed at the contracted rate of \$70.00.
3. I agree to pay this amount in the event that I miss an appointment or fail to cancel 24 hours in advance. If I fail to pay this amount within 30 days, then my account will be billed \$20 for each 30 day period that I fail to pay.
4. If I miss an appointment or fail to cancel 24 hours in advance for a total of 3 occurrences, I understand that my case will be terminated and I will be referred back to my insurance company to find another provider.

Patient Signature _____

Provider Signature _____

680 langsdorf drive #219, Fullerton CA 92831
phone:714-578-0990 fax:714-449-9252