## 4535 Southwestern Blvd, Suite 802, Hamburg, NY 14075 716-523-4947 / FAX 716-302-4947

## **Ascend Mental Health Counseling PLLC**

## **CANCELLATION POLICY**

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to the office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment unless the cancellation is due to an emergency or illness. Be aware that medical insurance does not cover "no show" appointments.

For cancellations made with less than 24-hour notice (unless due to emergency/illness) you will be mailed a bill directly for the full session fee.

Your investment in keeping the office schedule running timely and efficiently is sincerely appreciated.	
Client signature (Client parent if under 18)	Date