

Corridor Christian Counseling Center, LLC  
1110 Tall Grass Ave  
Tiffin, IA 52340  
319-545-1545

## **Missed Appointment Policy**

I, \_\_\_\_\_, understand and agree that I am personally responsible for payment for appointments missed without advanced notice. I am also aware and agree that it is not the responsibility of the insurance carrier or any third party payer to make payments for my missed appointments.

I am aware of the missed appointment fees that are presently in effect; \$50.00 for 1<sup>st</sup> time, and \$100.00 for 2<sup>nd</sup> time.

A photocopy of this form shall be as valid as the original.

CLIENT SIGNATURE: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

For: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_