



24 Hour Cancellation Policy & Credit Card Authorization

We realize that clients may need to cancel or change their appointments from time to time. If you must do so, please contact our office by calling (225) 323-5087 and leaving a voice message or by emailing at info@sumerledet.com at least **24 hours** before your scheduled appointment time. If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be responsible for an appointment fee, as described below. If you miss three appointments with less than 24 hour notice a referral may be provided.

- If you do not show up for your scheduled appointment and have not notified us at least 24 hours in advance, you will be billed \$100 for 90 minute appointments and \$50 for 45 minute appointments that will be automatically charged to the credit card listed below.
- If you miss a scheduled appointment without contacting the office, all future appointments will be cancelled in the system, and you are responsible for initiating rescheduling.
- If you are more than 20 minutes late for a scheduled appointment without calling to let us know, we may move up the next client's appointment or may leave for the day. If you are more than 20 minutes late and we are able to see you, the appointment will still end at the regularly scheduled time and you will be billed for the full session.

Charges for missed appointments are not covered by insurance and are your sole responsibility. Your credit card will be charged if you fail to show or cancel less than 24 hours in advance of a scheduled appointment, if you issue a check for services and the check is returned NSF and we are unable to collect payment from you or for account balances left unpaid for 60 days or more with no payment plan agreed upon.

Visa Mastercard Discover

Name on card: _____

Last 4 digits of card number : _____

- For convenience, many clients prefer that this credit card remain on file with our office and be used for all copays and/or session fees. If you would like this credit card to be automatically billed for fees incurred at each session, please check this box.**

Authorization: I understand and agree with the above stated policy regarding placing my credit card information on file and I hereby authorize Dr. Sumer Ledet Psychological Services LLC to charge my credit card accordingly as outlined above.

Signature: _____ Date: _____