

Payment, No-Show, & Cancellation Policy

PLEASE COMPLETE AND SUBMIT YOUR CREDIT CARD WITHIN 72-HOURS OF MAKING YOUR FIRST APPOINTMENT, IT WILL BE SWIPED FOR AUTHORIZATION OF CHARGES AS AGREED TO IN THIS DOCUMENT.

This document describes the payment, no-show and cancellation policy of working with Catherine Samson/Portland Family Wellness for coaching and consultation services. By signing below, you understand and agree to the following statements:

PAYMENT POLICY Catherine Samson/Portland Family Wellness requires payment in full at the beginning of each session. Ms. Samson accepts cash, check or credit card as payment options. If a package of coaching sessions is purchased, the package will expire and any remaining sessions forfeited six months from the date of purchase.

Coaching and consulting services are not eligible for insurance reimbursement, as Ms. Samson does not make a diagnosis or create a treatment plan.

Payment for services provided outside of session is also required (i.e. frequent emails, phone calls, coordinating with other professionals). Payment will be pro-rated in 15-minute increments of her hourly rate. Catherine Samson will charge the credit card on file for these services to keep your account current.

NO-SHOW AND CANCELLATION POLICY In an effort to provide excellent client service to all clients, and to provide the best possible working relationship and environment, it is Catherine Samson/Portland Family Wellness' policy to require a fee for no-show appointments and cancellations made less than 48 hours in advance of the scheduled appointment (Monday appointment cancellation must occur on Friday as weekend days do not count).

The fee for Cancellation with less than 48 hours notice is \$250, the fee for a No-Show is the full session fee. Catherine Samson/Portland Family Wellness requires a credit card to be held on file for No-Shows and cancellations. This card will also be charged if you do not pay for your session by another method (i.e. cash or check)., or for services provided outside of session (i.e. frequent emails, phone calls or coordination with other professionals).

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature

Date