

M. Cassandra Webster, PA

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Wilson, NC 27896  
(252) 291-8909

**ATTENDANCE AND CANCELLATION POLICY  
EFFECTIVE JULY 1, 2018**

**In the effort to accommodate your scheduling needs we must be able to use our appointment times productively, a late cancellation or “no show” creates a loss on everyone’s behalf. Thank you for being mindful of this policy.**

- All sessions must be cancelled 48 hours prior to appointment time, except in family emergencies or when you become sick within the therapy day.
- If you become sick, cancellations of the scheduled appointment must be received prior to the therapy session.
- **There will be a charge of \$75.00 if you “no show” or don’t cancel 48 hours prior to your appointment.**
- All cancellations should be called into the office 252-291-8909 and you must leave a message. Office hours are 8:00 AM-5:00 PM Monday through Thursday and 8:00 AM-4:00 PM on Friday.
- Cancelling your appointment at the time of the office “appointment reminder call” is not ample cancellation notice and will be charged as a late notice.

In consideration for clinical appointments performed on behalf \_\_\_\_\_, I \_\_\_\_\_ promise to pay the full \$75.00 fee in the event that for any reason, any of the appointments are missed or cancelled without 48 hours notice. I understand and agree that the following account will be automatically charged:

**CREDIT CARD DRAFT** (Please check one):  Visa  MasterCard

Account number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Verification Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

Email Address for receipt from Amy Watson:\_\_\_\_\_

\*

\_\_\_\_\_

Responsible Party Signature

Date

\_\_\_\_\_ (Initial here) to authorize this credit card information to be used for regular appointment fees.