

DAVID GOODMAN, PH.D. PSYCHOLOGIST ASSOCIATES

405 Illinois Avenue, Suite 2C, St. Charles, IL 60174
Phone: (630) 377-3535 Fax: (630) 530-9527
www.familyshrink.com email: goodmand3@comcast.net

Missed Appointment Policy

Dear Client:

If you are unable to make your scheduled appointment, kindly provide notice of cancellation of your appointment within 24 hours of the scheduled session. Sunday appointments must be cancelled by Friday no later than 5 p.m. and Monday appointments must be cancelled no later than Saturday at 5 p.m. If the appointment is not cancelled within the stated timeframe, you will be charged \$130 for the missed session. Unfortunately insurance companies refuse to pay for missed appointments and we do not bill insurance companies for these missed sessions. Exceptions are made for emergencies and in these cases, please inform your psychologist of the nature of the emergency. We charge for all failed appointments and for all appointments cancelled with less than full notice. Payment may be mailed or must be paid at the next session to the psychologist.

Thank you for your cooperation and we look forward to serving you.

Patient Name: _____

Patient's Signature or Responsible Party

Date

Witness

Date