



“No Show”/Late Cancellation Policy

This policy is to notify you, the financial party, that after the first failed appointment, you will be billed a fee of \$80.00 for each failed or missed session. A “no show” is defined as when a client does not show for an appointment and does not cancel their appointment at least 24 hours in advance. Situations do unexpectedly arise which make it necessary to cancel an appointment i.e. - illness, inclement weather, family emergencies, etc. We understand that these situations cannot be averted.

However, should you fail to provide sufficient notice of cancellation for an appointment 24 hours in advance, you will be billed \$80.00 for each session missed.

By signing this “no show” policy, I understand that this charge will be my responsibility to pay. I also understand that this charge is not covered by my insurance provider.

Name of Client: _____ Date: _____

Signature of person responsible for payment: _____

Therapist signature: _____

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