

# **Morrow Counseling and Psychotherapy PLLC**

## **Payment, Missed Appointment and Cancellation Policy**

Please read over the following policy. If you have any questions feel free to discuss this with your counselor.

### **Method of Payment**

Morrow Counseling and Psychotherapy accepts cash, checks, and major credit cards. If you choose to write a check, make it payable to Morrow Counseling. If you chose to use a credit card, please be advised that there will be a \$2.50 extra charge. \_\_\_\_\_

(Initial)

### **Confirming the Appointment**

Morrow Counseling and Psychotherapy will send you a reminder via \_\_\_ phone or \_\_\_ text message 2 days prior to your appointment (48 hours). Please confirm the appointment the day you receive the reminder by phone or text at (918) 403-8873. If you fail to confirm the appointment, or fail to reschedule your appointment before 8 PM, it will be assumed you are canceling the appointment without the proper notification and you will be charged the full fee.

\_\_\_\_\_  
(Initial)

### **Rescheduling Policy**

Please be advised that it is your responsibility to inform Morrow Counseling and Psychotherapy about schedule changes that will affect your appointment. If you fail to contact your therapist at (918) 403-8873 by phone or text message or email at alinamorrow@gmail.com twenty-four hours in advance to reschedule your appointment due to life predicaments, you will be charged the full fee.

\_\_\_\_\_  
(Initial)

# Morrow Counseling and Psychotherapy PLLC

## Credit Card Guarantee

I agree that if I fail to confirm the appointment 48 hours in advance and fail to make additional arrangement with my therapist in advance if the appointment needs to be rescheduled, I will pay the full fee for the missed session.

Credit Card Type: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Amex \_\_\_ Discover

Cardholder Name: \_\_\_\_\_

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

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Three digit CID number: \_\_\_\_\_ (located on the back of card)

I agree to the above terms and authorize Morrow Counseling and Psychotherapy PLLC to charge the payment of the missed appointment.

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Signature

Date