Sari Hands PLC
Financial and Cancellation Policies

Sessions are scheduled in 55-60 minute increments. In order to maximize your session, it is extremely important that you be prompt. This time is reserved for you and will not be extended to accommodate late starts.

Fees and Payments shall be discussed and set prior to your initial visit. You are fully responsible for all fees charged. Payment for each session is due in full at the time of services.

As a courtesy, on request, we will provide you with a receipt to submit to your insurance plan for reimbursement.

Fees may be paid by cash, check, Visa, MasterCard or American Express.

A $25 fee shall be assessed for returned checks or denied credit.

Address Changes: Please keep us informed of any address, telephone number, or other personal information changes (credit card replacement).

Cancellation Policy: A 24 hour cancellation policy is standard practice for most therapists. This differs from medical doctors who can see many people in an hour and, therefore, can afford to be more flexible. Your timely cancellation will allow another client to use the time. We appreciate your consideration of your therapist's as well as other client's schedules. No charge will be assessed if adequate notice of 24 hours is given.

Failure to cancel a scheduled appointment with 24 hours notice will result in charges as follows: A $75 charge will apply to the first 3 late notice/no notice absences in any calendar year and a charge of the full session fee will apply to all subsequent late notice/no notice absences.

Payment for these charges is due before your next visit.

Additional Charges: Charges may apply when copies of files or written reports are requested. These charges will be based on actual cost to photocopy as well as the hourly rate of $100 for the number of hours spent preparing such files or reports.

I have read and understand this financial and cancellation policy statement and agree to abide by the terms of these policies. I understand that I am financially responsible for all charges incurred in the event that my insurance denies payment of a claim after our office has submitted it.

Signed: _____

Printed Name: _____

Date: _____