

CCM Counseling

Connie Mele, MSN, RN, PMHCNS-BC, LCAS
10643 Kettering Drive, Suite 100
Charlotte, NC 28226

704-968-5174
ccm3623@sprynet.com

Client Name: _____

DOB: _____

CLIENT CONSENT FOR TREATMENT AND BILLING AGREEMENT

Connie Mele (hereafter referred to as "me/I") will be enforcing a strict "No Show" and "Cancellation" policy from this point forward. Please be aware that you are responsible for any missed appointments and must give 24-hour advance notice of cancellation. When you schedule an appointment, you are paying for an hour of counseling time. If you fail to provide 24-hour notice or do not show for an appointment, you will still have to pay for the hour because that hour cannot be filled, and insurance cannot be billed. This is a standard procedure for counseling practices.

I understand that emergencies and unforeseen circumstances may arise that impact your ability to attend a scheduled appointment. If this is the case, please call to discuss with me as soon as possible. I have the right to waive or reduce the cancellation fee in case of a true emergency, as long as this is not a pattern and we work together.

Please read the below statement and sign to confirm that you have been notified of and understand the policy:

If I fail to cancel a scheduled appointment at least 24 hours in advance or no show to an appointment, I understand that an **automatic charge** will be made for the missed appointment to the credit card on file with Connie Mele. I also understand that two consecutively cancelled sessions without prior notice may result in loss of an established appointment time.

Signature of Card Holder

Date

You understand that you will be responsible for this fee as insurance does not pay for missed appointments. You can call me at 704-968-5174 to notify me or leave a message. You also understand that two consecutively cancelled sessions without prior notice may result in loss of an established appointment time.

In order to guarantee payment a credit card must be put on file and will be billed only with notice by Connie Mele for a missed or unpaid appointment.

Credit Card # _____

Exp. _____ 3-digit code: _____

Billing Address Zip Code _____

VISA

MASTERCARD DISCOVER

Name as it appears on Card _____

Client Signature

Date

Therapist Signature

Date