

Joseph L. Nines, Ph.D., L.M.F.T.

Licensed Marriage and Family Therapist

215-836-4276

CANCELLATION POLICY

If you fail to cancel a scheduled appointment, I cannot use this time for another client. A cancellation fee of \$60.00 is charged for missed appointments or cancellations with less than a 24-hour notice. Missed appointments can happen due to illness and/or emergency and Joseph L. Nines may waive this fee at his discretion. Below is an authorization for Joseph L. Nines, LLC to charge your credit card for missed appointments as well as for general services. This authorization will be kept safely in your file for the duration of your treatment. A receipt will be mailed directly to you after this charge has been placed. Thank you for your consideration regarding this important matter.

CREDIT CARD AUTHORIZATION

Credit Card Type:    

CC #: _____

Expiration Date: ____/____

Security Code: _____

Billing Zip Code: _____

Authorization

I authorize JOSEPH L. NINES, LLC to debit the credit card account provided above for the fee associated with the therapeutic session. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing.

Cardholder Signature: _____

Date: _____