

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, unless it is due to illness or an emergency. Below is an authorization for Joseph L. Nines to charge your credit card for missed appointments. This authorization will be kept 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

By signing below, I authorize Joseph L. Nines to charge the following credit card in the amount of \$60.00 for any appointment missed or cancelled without a 24 hour notice to Joseph L. Nines. I understand that missed appointments can happen due to illness and/or emergency and that Joseph L. Nines may waive this fee at his discretion.

Credit Card Type: ___  ___  ___  ___ 

CC #: _____

Security Code: _____

Expiration Date: ____/____

Billing Zip Code: _____

Cardholder Signature: _____

Date: _____