

## Client Financial Obligations

Please read and initial the following.

### Cancellation Policy

A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice, unless it is due to emergency. If you fail to cancel a scheduled appointment, this is time that another client in need was not able to be seen. Insurance will not cover for missed appointments, and you will be billed for the entire cost of your missed appointment.

\_\_\_\_ I agree to have a credit card on file, and that Dr. Hooper may run the full session fee if I miss my appointment without giving 24 hour notice.

### Insurance Coverage

Please bear in mind that the insurance contract is between you and the insurance company. I cannot guarantee payment of your claims by your insurance company. Rejection of your claim by your insurance company does not relieve you of any financial obligation to this provider.

\_\_\_ It is my responsibility to know and understand the provisions of my insurance policy. I agree to pay any outstanding charges that are incurred if my policy does not cover the services I have received.

\_\_\_\_ If I have a credit card on file, I agree to have any outstanding balances charged on my card.

\_\_\_\_ I understand that any unpaid balances, after a reasonable length of time for payment, will be submitted to a credit agency and will be reported on my credit score.

Thank you for your consideration in these important matters.

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Client signature

Date