



703 Broad Street, Suite 205  
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(732) 268-7968  
Fax (732) 224-7607

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## Cancellation Policy

If you are unable to attend an appointment, I request that you provide at least 24-hours advanced notice to my office. Since I am unable to use this time for another client, please note that you will be billed \$125 for the entire cost of your scheduled appointment if it is not timely cancelled; unless such cancellation is due to illness or an emergency.

For cancellations made with less than 24-hours notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee of \$125.

I appreciate your help in keeping the office schedule running timely and efficiently.

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Signature of Client (Parent/Guardian if under 18)

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Date