

# Cathexis 24 Hour Cancellations/No Show Policy

## Commercial Clients

Regular attendance of therapy appointments is vital to achieving your therapy goals, and a missed appointment delays our work together. We understand that sometimes people simply forget about appointments, or that scheduling conflicts arise unexpectedly; we are all human. However, we also wish to offer the perspective that our therapists do not keep set office hours. Once an appointment is scheduled, they have committed that timeframe to specifically you, and arrange their personal and professional time accordingly. It is also extremely difficult for a therapist to fill a cancelled appointment time with less than a 24-hour notice.

Therefore, in order to begin therapy at Cathexis, we require clients to complete a Credit Card Billing Authorization Form. This form allows Cathexis to automatically charge your card for No Shows, and also for cancellations made less than 24-hours from your scheduled appointment.

**The No Show/Less than 24-Hour Cancellation fee is \$100 per occurrence.**

Exceptions will certainly be made for sudden injury/illness or emergency situations. However, occurrences arising from transportation issues, traffic, sudden scheduling conflicts, etc. will not be considered as exceptions. Furthermore, if you arrive late to an appointment, you will still be expected to pay the full amount of the hourly session fee.

Please understand that this policy is not intended as a “punishment” of any kind, but rather its purpose is to encourage clients to make all efforts to attend their scheduled appointments, and also serves as a way for Cathexis to respect the dedication of our therapists.

Our commitment to you is that this policy will be enforced in an ethical manner, and your credit card information will be kept in the strictest means of confidentiality and security.

Acknowledgement:

I have read and understand the **Cathexis 24 Hour Cancellation/No Show Policy**. I agree to enter services with Cathexis under the terms of this policy, and will respect the right for Cathexis to charge my credit card accordingly.

Client/Guardian Name (Print): \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

# Cathexis Credit Card Authorization Form

## Commercial Clients

The undersigned agrees and authorizes Cathexis to charge the credit card indicated below payment of:

- A) client's session fee/insurance liability for attended sessions; and
- B) \$100 in accordance to the 24-Hour Cancellation /No Show Policy should the client No Show for an appointment, or fail to give at a least 24-hour notice of a cancellation.

This authorization does not allow Cathexis to charge the card for any other reason without the expressed consent of the card holder. Payment is due at the time of service so please be prepared to be charged at each session; we do not bill for services.

Cathexis utilizes a secured, HIPAA compliant remote payment system (IvyPay), which was developed specifically for mental health providers. At the first session, your therapist will send you a text link which will instruct you to input your credit card information. Cathexis will not have access to your credit card information, but your clinician will use the card entered for payment. IvyPay is our preferred method of payment processing due to its security and ease of use for both the clinician and client.

Do you agree to utilize the IvyPay remote payment system? If "Yes", please sign below. If "No", you must complete the credit card information section prior to services beginning, and sign below. Yes or No \_\_\_\_\_

### **Complete only if payment will not be collected through Ivy Pay**

\_\_\_ Visa      \_\_\_ Mastercard

Credit Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      CVV Code (on back of card) \_\_\_\_

Cardholder Name \_\_\_\_\_

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Billing Address \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

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I, the undersigned, authorize Cathexis to charge my credit card registered with IvyPay or indicated above for regular hourly session fees/insurance liabilities, and in accordance to the 24 Hour Cancellation/No Show Policy should I/the client No Show for an appointment, or fail to give a 24-hour notice of a cancellation.

This authorization will remain in effect while I/the client receives services from Cathexis.

Client/Guardian Name (Print): \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_