

Airmid Missed Appointment Notice

Patient Name: _____

Patient date of birth: _____

I understand that the scheduled time for my sessions is reserved for me by the therapist and I will make every effort to arrive on time.

In instances where I cannot provide advance notice to cancel or reschedule, my therapist may not be able to offer my scheduled time to another client.

If I should miss a scheduled appointment or do not provide the courtesy of at least 24 hours notice, I understand and agree to pay Airmid Wellness and Counseling Center a Missed Appointment Fee of \$25

Signature of Insured/Guardian: _____

Date: _____