



## **FEES FOR MISSED APPOINTMENTS OR APPOINTMENTS CANCELLED WITHOUT SUFFICIENT NOTICE**

**Please read the following statement carefully and sign at the bottom of the page to indicate that you understand and accept the terms of service at Age To Age Inc. If you should have any questions about this or any other policy at ATA, please speak to us before signing. We want to develop a respectful working relationship with you and/or your family.**

Missed appointments or appointments cancelled without sufficient notice have the potential to be troublesome and to challenge the therapeutic relationship. To protect that relationship, our policy concerning missed appointments is adhered to without exception. ATA charges for all appointments missed or cancelled with less than 24-hours' notice and regardless of the reason, whether it be illness, emergency or inclement weather.

An appointment booked is time reserved for your exclusive use. It remains your financial responsibility unless you release it for use by someone else by providing at least 24-hours' notice of cancellation, which allows ATA to offer the time to another client.

Missed appointments are a cost to someone. If an event occurs that means you miss an appointment without sufficient notice, the cost rests with you. Occasionally, a client thinks an exception should be made; but an appointment is time purchased and reserved for you just as though you had purchased and reserved a ticket for an event, which would have to be paid for even if at the last minute you could not attend.

Appointments may be cancelled by email, voice mail, text @ (905)-533-1334 or by speaking to someone at ATA.

Receipts for missed appointments say "Missed Appointment". To do otherwise may defraud insurers.

Fees charged for missed appointments are due immediately and future appointments can be reserved only if payment arrangements are made immediately following the missed appointment. Outstanding accounts of more than 60 days will be eligible for submission to our collection agency.

**I \_\_\_\_\_ have read and is in agreement with the 24-hour's notice for cancellation policy. I understand that outstanding accounts of more than 60 days will be eligible for submission to our collection agency.**

*Signature of Client:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Parent/Guardian signature if client is under 16 years* \_\_\_\_\_

### **Age To Age Inc.**

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