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APPOINTMENT CANCELLATION/ INSURANCE BILLING POLICY

Please be advised, that your appointment time is reserved exclusively for you. If you miss your appointment or cancel with less than 24 hours of advanced notice, your credit card on file, will be charged a cancelation fee of \$100.00, Your health insurance cannot be billed for your missed appointment, therefore you are SOLELY responsible for this fee. Any request to re-schedule your appointment must be made no less than 24 hours in advance.

Additionally, you are responsible for all fees not covered by your insurance for services rendered, inclusive I will bill your insurance as a courtesy to you, but you are responsible for verifying your deductible, copay, and whether or not you may require pre-authorization from your insurance carrier.

By signing below, you agree to the terms of this policy, and are hereby authorizing me to charge your credit card on file, for any remaining balance not covered by your carrier, as well as the fees listed above.

To prevent unexpected charges please check your benefits prior to our first appointment.

Thank you for your cooperation.

Name on Credit Card _____

Credit Card Number _____ Expiration _____

Security Code _____ Zip code _____

By: _____ Date: _____

(Patient or Patient's Representative)