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LATE CANCELLATIONS & MISSED APPOINTMENTS

If it is necessary to reschedule or cancel an appointment, I require that you provide at least **24 hours advance notice** except in the cases of sudden illness or emergencies. You will be billed my full fee for cancellations which do not meet this criteria. **Please note this fee is not covered by insurance.**

If three or more appointments are missed or late cancelled in a six month time period, there is a possibility that services will be terminated.

If two or more evening appointments (5pm or later) are missed or late cancelled in a six month period, scheduling evening appointments may no longer be a scheduling option.

Please sign below to indicate that you have read and agree to payment of the late cancellation and missed appointment fee if charged.

Client Name: _____ Date: _____

Client Signature: _____ Date: _____

If client is a minor,
Parent Signature: _____ Date: _____