Neuropsychology Center, P.L.
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Due to the number of cancellations without prior notice and the large amount of time required to administer neuropsychological testing, the following office policy has been adopted: A $25/hr. fee, not reimbursable by insurance, will be assessed to your account, for any appointment(s) which were not cancelled with at least 24 hours notice.

By signing the agreement below, you have read and agree to the terms of our office policy:

I, _____ agree to pay a $25.00/hr. fee if I do not give a
(Print parent's name or patient's name if an adult)

minimum cancellation notice of 24 hours. I understand that this payment will be due at the time of the next appointment.

Signature: _____ **Date**: _____