



Body Mind and Spirit Counseling & Wellness Center LLC

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225-276-6982
Email: bodymindspirit@cox.net

Body Mind and Spirit Counseling & Wellness Center Policies

LATE CANCELLATION: I understand that I will be charged a late cancellation fee of \$50 if I fail to give at least 24 hour notice to canceling my appointment.

NO SHOW FEE: I understand that I will be charged a no show fee of \$80 (the cost of a session) if I fail to show for my appointment.

CO-PAY and DEDUCTIBLE: I understand that I am responsible for knowing my co-payment amount and my deductible amount. My co-payment amount per session is _____; my deductible amount per year is _____.

Have you met your deductible for this year? Yes No

CREDIT CARD FEE: I understand that I will be charged a \$2 service charge on my credit card when paying with credit. There will be no service charge when paying with cash, checks, and Venmo.

SESSION DURATION I understand that the therapy session will last 50 minutes. I understand that if I am late to the appointment, I will still have to end the session at the allotted time.

By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from this therapist.

Signature of Responsible Party

Date