Kimberly Warner-Getskow, LMFT
Licensed Marriage and Family Therapist
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(661) 367-1006

CANCELLATIONS within *24 hours* of appointment time will result in a

$200 cancellation fee

which is the responsibility of the patient and is not covered by insurance agencies

(if applicable)

By signing below, I acknowledge that I understand this cancellation policy and that my credit card will be charged $200 if I do not cancel or reschedule prior to 24 hours of my regularly scheduled appointment. I also acknowledge that I am responsible for understanding my insurance coverage and notifying practitioner immediately of any changes (if applicable).

____

Signature   Date

Name on Card ____

Card Number ____

Exp Date _________________   CVV ________   Billing Zip Code ________