



**Psychology and  
Beyond, LLC**

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### **Late Cancellation Policy**

By signing below, I authorize the following credit card number to be billed for late cancellations and missed appointments. Except for emergencies, if an appointment is missed or cancelled with less than 48 hours' notice, I will be charged a fee of \$190. I understand my insurance does not pay for sessions that were not attended, and therefore, I will be entirely responsible for this missed appointment/late cancellation fee of \$190. See patient contract for more information on fees. If you have any questions, please don't hesitate to ask your psychologist.

Type of Card

Card Number

Expiration Date

Security Code

Zip Code of Address Linked to Card

Printed Name of Client

Signature of Client or Parent/Guardian

Date