Dawn Krikyan, PMHCNS-BC, Psy.D.,Ph.D.
21321 Spruce, Mission Viejo, Ca. 92692

(626) 399-6646

Payment and Cancellation Policy

My private practice provides services for scheduled appointments only. I will make every reasonable attempt to reschedule appointments if needed. The undersigned, as client, parent or guardian, recognizes his/her financial responsibility to my practice for scheduled appointments.

In the event of a cancellation, the client, parent or guardian is required to establish contact 24 hours in advance, either by voicemail or text. I will contact the client/guardian back within 24 hours and reschedule as needed. Email communication is not acceptable for cancellations. In the event of a 24-hour cancellation, there will be no fees due.

In the event of a cancellation in less than 24 hours or a no show to session, the client is responsible to pay for the missed session. Please provide a credit or debit card number via IVY pay within the first week of our meeting.

Forms of payment: I prefer personal checks. Payments are due at the end of the first week of the month. In case of late payments, I reserve the right to charge your credit card.

By signing below, you are authorizing Dawn Krikyan to charge the card on file in the event of a cancellation less than 24-hours' notice, no show or late payments.

Client(Print Name): _____ Date: _____

Signature:_____