

Appointment and Fee Agreement

Full Name: _____

E-mail Address: _____ Phone Number: _____

Billing Agreement:

- I understand that I will be responsible for paying \$100 per session within 24 hours of my appointment.

- I understand that I am financially responsible for appointments not canceled at least 24 hours in advance of my scheduled appointment.

- I understand that keeping my appointment is my responsibility and barring any unforeseen emergencies, communicating a cancellation is my responsibility.

- I understand that it is my responsibility to inform my therapist of any changes in my circumstances that may affect my fee or ability to pay at my next scheduled appointment.

You may send payment in one of the following ways:

- Make an electronic transfer through Venmo (preferred)
- Mail a check or money order

- I declare the information I have provided is accurate and complete.

Signature

Date