



Financial Statement and Contract

Client Name: _____

Today's Date: _____

Service requested: Therapy

Fee per session: \$125

Service requested: _____

Fee per session: \$ _____

Service requested: _____

Fee per session: \$ _____

Credit Card Number: _____ Exp: _____ Billing Zip Code: _____

Financial Policy:

_____ Payment for services rendered is expected at the time of delivery. Payment is accepted in the form of cash, personal check, Visa, Mastercard, Discover, and American Express. A \$35 fee will be charged for each returned check.

_____ We ask that if you need to cancel or reschedule an appointment for any reason, you do so with at least 24 hours notice. Payment will be expected in full for sessions cancelled without 24 hours notice.

_____ All payments made to TRU Integrative Health and Wellness and its affiliates are nonrefundable. In the event that a prepayment is made for a block of services, and those services are not redeemed as initially intended, the remaining balance remain on file as account credit with TRU and may be applied toward any of the services offered by the practice.

By signing below, I indicate that I have read and agree to the above financial policies and authorize TRU Integrative Health and Wellness to charge the above credit card for services rendered as well as for any applicable missed appointment fees.

Client Signature

Date