

TRU

Integrative Health & Wellness

Financial Statement and Contract

Client Name: _____ Today's Date: _____

Service requested: _____ Fee per session: \$ _____

Service requested: _____ Fee per session: \$ _____

Service requested: _____ Fee per session: \$ _____

Service requested: _____ Fee per session: \$ _____

Service requested: _____ Fee per session: \$ _____

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. Failure to cancel a scheduled appointment with at least 24 hours notice will result in a half fee due before attending the next scheduled session. After 3 consecutive missed appointments or 3 appointments missed within a given 2 month period, the therapist reserves the right to suspend or terminate services. Clients are encouraged to discuss with therapist any extenuating circumstances which may prevent them from attending sessions as planned.

By signing below, I indicate that I have read and agree to the above financial policies.

Client Signature

Date