

**FAMILY AND FINANCIAL THERAPY  
OF FLORIDA**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Payment/Cancellation Policy.

The cost for a 60-minute session is \$200/individual and \$225/couples sessions. After one hour, the fee is prorated in 15-minute increments if necessary. If my services are required for court related issues (e.g. depositions, courtroom testimony, travel time), the fee is \$350 per hour.

If you should you need to cancel an appointment, please send an email to [info@FamilyandFinancialTherapy.com](mailto:info@FamilyandFinancialTherapy.com). If notification is received at least 24 hours before the appointment, no fee for services will be charged. However, you will be charged the full session fee for an appointment that you miss without giving advance notice.

I hereby acknowledge responsibility for this account and guarantee payment of all charges against this account. I understand that this account is my responsibility. I understand that outstanding balances over 120 days may be referred to an appropriate collection agency.

\_\_\_\_\_  
Name of Responsible Party

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date