



Advanced Mental Health Center, Inc.

FEE AGREEMENT

Clinician's Name: _____

Client's Name: _____

50 Minute Session Fee \$ _____

OFFICE FEES

Payment in full for each 50 minute session is due at the end of the session. Payments can be made in one of the following ways:

- 1) Cash (please bring exact change)
- 2) Check or Money Order, payable to Advanced Mental Health Center Inc.
- 3) Credit Card

CANCELLATIONS

If it is necessary to cancel an appointment, please contact us at least 24 hours prior to the time of the appointment. If we do not receive 24 hour notice, you will be charged for the session.

* Please note: a copy of your credit card and your driver's license will be placed in our files, and your credit card will automatically be charged in case of a no show or unexcused missed session.

I understand and agree to the terms and conditions for payment as outlined above.

Client's Signature _____ Date _____

Client's Signature _____ Date _____