



Payment Contract

By consenting to treatment,

I agree to pay my fee in the form of cash, check or Paypal by the end of each session or in increments of 2 or 4 sessions.

I am financially responsible for late cancellations for any reason within 48 hours of my scheduled session.

I will be automatically charged for unpaid sessions and late cancellations if payment has not been received by the last Friday of each calendar month.

Credit Card Number: _____

Billing Postal Code:(eg.94115)_____

Expiration Date: (eg. 10/16)_____/_____/____ Security Code/CVV: _____

I _____agree to the above terms.

Signed:_____Date: _____