

FINANCIAL AGREEMENT



ROBYN DAVIS, CERTIFIED HYPNOTHERAPIST - REGISTERED PSYCHOTHERAPIST

Rates:

I choose the following payment option and agree to pay the following:

_____ Per session rate of \$80/session

_____ Prepay for 3 sessions at a time \$210 (equals \$70/session)**

_____ Prepay for 6 sessions at a time \$360 (equals \$60/session)**

**Prepaid Sessions must be used within 24 months of last session.

** Prepaid Sessions will be applied toward cancellations/ no show appointments if notice of cancellation is not received with at least 24 hours prior notice, unless previous arrangements have been made.

Payment Options:

_____ Keep my Credit Card information on file and process at end of each session.

Credit Card Information: _____ VISA _____ Mastercard _____ Discover

Name on Credit Card: _____

CC#: _____

Exp Date: _____ CV: _____ Zip: _____

_____ Send me an Invoice at beginning of each session to be processed prior to start of each session. Email address: _____

Cancellation Agreement: I agree that if it is necessary for me to cancel or reschedule my session, that I will give, at least, a 24 hour notice or make prior arrangements.

If I am unable to supply 24 hour notice, I am aware that I am responsible for the full fee of the missed session. This missed appointment fee will be satisfied by either forfeiture of a pre-paid session, a charge to my Credit Card that is on file or the receipt of an Invoice that will be required to be paid prior to our next session.

X _____ X _____
Client Signature Date

X _____ (Printed Name)