



# Desert Counseling & Recovery Services PLLC

## Financial Agreement

Service

Fee amount

Individual Therapy \_\_\_\_\_

Couples/Family Therapy \_\_\_\_\_

Court Evaluation \_\_\_\_\_

Group Therapy \_\_\_\_\_

EAP \_\_\_\_\_

AUTH: \_\_\_\_\_

# of Sessions \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

I hereby agree and consent to pay the specific fee per each session/service I request.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Printed name

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date