

**NOTICE OF COST**

The charges and cost for \_\_\_\_\_, a client of Redeeming Love LLC, receiving care and treatment at Redeeming Love LLC, have been determined to be:

\_\_\_\_\_ per session for care and /or treatment effective

\_\_\_\_\_. The actual cost per session varies if the session exceeds 52 minutes.

Client or Responsible Party is required to provide household income.

Failure to provide this information will result in termination of services.

Client is billed directly through IVY. Client is solely responsible for the costs of the therapy sessions provided by Redeeming Love LLC.

I understand and agree to the payment costs of the services being provided to me through Redeeming Love LLC.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_