Julia Spain, MC, LPC Licensed Professional Counselor

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I. Information Pertaining to Person Financially Responsible

Client Name:	DOB:
Person financially responsible	
☐ Same as above (skip to Part II)	
☐ I am financially responsible for the ab	ove named client. (Please complete the following):
Name:	DOB:
Address: City/State: Zip: Home Phone: Work/cell:	
II. Office Policy and Financial Responsibility Statement	
 Payment is due at the time of the Sessions may be rescheduled to accepted. Self Pay options: Traditional therapy session EMDR. Individual 50 minutes. 	within reason with no additional charge. Credit cards ons: incorporating Mindfulness, CBT, DBT, and oute session with access to me outside of session:
2. The Next Level Mind: \$200	sion / \$200.00 per couples session 2.00 per 75 min. Session / \$750 for 4 Sessions. 2.00 per session \$1000.00 for 4 Sessions
I have read and understand the above offichecks, etc. I agree to the stated terms.	ce policy regarding length of sessions, late arrivals, charges, returned Sign and date