



TAMMY JO VROOM, MSW  
LICENSED CLINICAL SOCIAL WORKER

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### Financial Agreement

I acknowledge and understand I am responsible for all the charges for all the services rendered to me, or any member of my family where I am listed as the responsible party. I hereby agree to pay any and all charges. If for any reason there is a balance due on my account, I agree to pay promptly upon receipt.

I understand that Tammy Jo Vroom Counseling, LLC, is not responsible for any split in cost services due to a custody/parenting agreement. Because I have signed the financial agreement and registration form, I understand I am responsible for the entire bill. If there is a court order entered that a specific individual (i.e. parent or third party) is responsible for all or a portion of the cost. Payment shall be received 24 hours prior to services rendered or the appointment will be cancelled.

Please note that phone calls with client regarding scheduling or brief conversations are expected. However, if a phone call exceeds the brief time of 5 minutes the client will then be billed \$30 per 15 minutes. I understand that Tammy Jo Vroom will notify me that the conversation has exceeded the brief time limit. The additional fee will be billed and collected at the next session.

If you become involved in any legal matter that requires me to testify in court for your attorney or the court you will be charge \$200.00 per hour (billed in 15 minute increments) for these special services. Any communication between your attorney or other professionals there will also be a charge or \$200.00 per hour (billed in 15 increments). There is also an additional agreement that is required for signature for court-involved cases.

I am aware that I need to contact Ms. Vroom if I will not be at my scheduled appointment. For each appointment I do not call at least 24 hours in advance to cancel, I understand I will be charge \$35.00. This must be paid prior to attending my next appointment. I understand if I have 3 no call/no show appointments, I will be discharged from services.

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***I have read and understand the financial agreement as detailed above.***

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Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date