

**Financial Policy for Watson Center for Psychotherapy
Meggan Watson, LCSW**

I understand that as the patient, or guardian of the patient, I am financially responsible for payment of service and any unpaid balances.

If you are unable to keep an appointment, please call and cancel or reschedule at least twenty-four (24) hours in advance in order to avoid cancellation fees. The cancellation fee is the same cost of the missed appointment (intake fee is \$275.00 per 50 minute session, and individual therapy rate is \$225.00 per 45-50 minute session).

I understand my financial obligations for treatment received from Meggan Watson, LCSW, as stated above, and agree to pay for any and all services received. I understand that my debit/credit card will be charged.

Type of card: VISA/MC/AMEX _____

Name on Card: _____

Debit/Credit Card #: _____

Three Digit Security #: _____

Expiration Date: _____

Billing Address: _____

Patient/Guardian Signature Date

Print Name

Witness Date