



Florian Santos, Life Coaching

Client Payment Agreement

The cost of coaching with Coach Florian Santos is \$_____with the total sessions of _____. Payment is due by: _____. It is estimated that your responsibility for the agreed number of sessions is \$_____. Once our coaching session has begun, changes in the anticipated package plan may be required, depending on possible additional sessions and conditions we may encounter at the price of \$_____ for each additional session. We will inform you if this occurs and you will be given the option of continuing or changing our plan.

_____ (Patient initials) I have discussed payment options and agreed upon a payment plan. I understand that I am responsible for payment of services rendered and responsible for paying any possible additional sessions at \$ _____ per session with my written approval.

As you know, it is this practice's policy to receive payment prior to completion of our sessions. If you choose to discontinue care before our coaching plan is complete, your refund will be determined upon review of your case. You have agreed to pay your client portion of the treatment fee in the following way:

- Payment in full in the amount of \$_____; Paid with: _____
- Deposit required: \$_____; Deposit paid with: _____
- Remaining treatment fee: \$_____; To be paid by: _____with _____
- ___ Equal payments of \$_____

If you have questions about your coaching treatment plan or the choice of payment options, please do not hesitate to ask. We are here to help you get the coaching care you want or need.

Client, Parent, or Guardians signature

Date

Patient Name (Please Print)

