Teressa L. Wilcox, MS, LMFT
Licensed Marriage and Family Therapist
CA Lic# MFC43675
18811 Huntington Street, Suite 200, Huntington Beach, CA, 92648
Phone: 714-768-2400 Email: teressawilcox@me.com Web: teressawilcoxlmft.com

Agreement to Pay for Professional Services

I reserve the right to charge for appointments cancelled or broken without 24 hours advance notice.

Please pay at the time of each visit. After two missed payments, no future appointments will be made until outstanding bill is paid. Thank you.

I understand that I will be responsible for the full amount of my counseling although other persons or insurance companies may make payments on my (or this client's) account. The fee will be $_____ per 45-50 minute session. I will not be charged for any appointments that are cancelled 24 hours in advance. I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform him or her, in person, by phone, or by mail, that I wish to end it. I agree to meet with this therapist at least once before stopping therapy. I agree to pay for services provided to me (or this client) up until the time I end the relationship.

I agree that I am responsible for the charges for services provided by this therapist to me (or this client), as shown by my signature below.

_____ _____
Signature of client Date

_____ _____
Signature of client Date

_____
Signature of Guardian

I, the therapist, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____ _____
Signature of therapist Date