

CONSENT FOR TREATMENT and FEE AGREEMENT

ASSIGNMENT OF MEDIC	CAL BENEFITS: _	YES	NO
Your Deductible, if any:	Amount Met:_		
Your Payment Schedule:			
	per session for	sessions.	
\$	per session for per session for	sessions.	
Appointments are made on a least 24-hour advance noti appointment, and do not p session fee.	ce is needed. In the ever	nt you are unable to	keep your
Payment is due at the time the scheduled if your account is responsible for any attorney	past due. If you accrue a	balance past 60 day	
By signing this form, you ar Center, LLC. In doing so, yo			ing Wellness
ACCEPTED AND AGREE	D BY:		
Client, Parent, or Legal Gua	rdian:		
Dated:			
Child or Spouse:			
Dated:			