



Payment Agreement

Payment is due at the time of service. Therapy for the Brain, LLC requires twenty-four (24) hours' notice to cancel or change a scheduled appointment. If twenty-four (24) hours' notice is not given, \$50 – the cost for one-half of a session – will be due for the missed appointment. If you have purchased a package, one (1) session will be deducted from the total number of prepaid package sessions. Session packages are applicable to the patient in which they are purchased for; sessions and packages are non-transferrable and are non-refundable. Each appointment is thirty (30) – forty-five (45) minutes long. If you are late for an appointment, the amount of time you are late will be deducted from your session. Extra charges will apply for weekend, evening, and emergency appointments. No refunds will be given. **X**_____

By signing below, the signee understands the above payment agreement and authorizes Therapy for the Brain, LLC, to deduct one session from pre-paid package sessions or to charge the patient for the cost of \$50 (fifty dollars) for the missed session. No refunds will be given if overpayment occurs by the responsible financial party; it will be applied to future sessions. **X**_____

Date: _____

Signature: _____

Printed Name: _____

Witness: _____

Credit Card Number: _____

Expiration Date: _____ CCV Code: _____