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Billing/Fees Policy

I, as the client and/or the parent/legal guardian of the client am fully responsible for all payments to Dr. Maker for evaluations and therapy with Emily Merryweather, M.A., NCC, LPCC. I understand that Emily Merryweather does not accept assignment of insurance payments. Emily Merryweather's standard fee is \$120 for a 45-minute session.

I understand that I will be expected to pay the full fee due for each Evaluation or Therapy session at the end of each session.

I understand and agree to all the above information.

VISA, MASTERCARD, AMERICAN EXPRESS Credit Card Information:
(PLEASE PRINT)

Name on Card: _____

Card Number: _____

Expiration Date: _____

V Code (on back): _____

Billing Address of Card: _____

I authorize Dr. Maker to charge the credit card listed above for all evaluation, therapy, and assessment fees for sessions with Emily Merryweather, M.A., NCC, LPCC.

Patient (or Parent/Guardian)
Print name above

Date

Patient (or Parent/Guardian) Signature