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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 \$150 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