

Anita L. Hauenstein, M.Div., Ph.D.
525 Sneed Road
Nashville, TN 37221
615-620-4330

File: _____

FINANCIAL AGREEMENT

Agreed upon fee per 45-50 minute session: \$ _____

I agree to the payment of this fee as services are rendered, as well as for late cancellations (less than 24 hours notice) and “no shows.” Please see below for additional information required in relation to absences.

Client:

Signed

Date

Provider of Services:

Signed

Date

Please Note: There are a variety of payment methods available to you for your convenience. Please feel free to inquire about what might best work for you.

“No show” and late cancellation policy:

As per my consent form, the fee for a “no show” (not showing up for a scheduled appointment) or a late cancellation (less than 24 hours notice) is your fee per session. Because of this policy, I ask for the following information, which is necessary to cover these session fees. You will be automatically billed to the card of your choice for a missed appointment.

Credit Card Payment for Professional Services (required “on file” information)

Please circle one: Visa MasterCard American Express Other: _____

Name exactly as it appears on credit card: _____

Credit Card Number: _____

Security Code: _____ Expiration Date: _____ Billing Zip Code: _____

I authorize Anita Hauenstein, Ph.D., to bill the above card for professional services that have been scheduled and missed in accordance with the above Fee Policy.

Signature of Card Holder

Date