Annie Hall, MFT Lic#52604  
  
Marriage & Family Therapist   
2333 Camino del Rio South, Suite 160, San Diego, CA 92108  
(858) 300-0480

**Payment Contract**

Primary Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment is due at the time that services are rendered. Please note that it is your responsibility to be assured that payment will be covered either by yourself or a third party.

Initials \_\_\_\_\_\_\_\_\_\_

**Cancellations and Failed Appointments**

I am aware that I am responsible for giving one business day notice (from the hours of 8:30 a.m. to 5:00 p.m.) for cancelled appointments. I understand that I will be billed $ 25 for therapy sessions missed without prior notice.

Initials \_\_\_\_\_\_\_\_\_\_

By signing below, I understand the cancellation and failed appointment policy. I authorize Annie Hall, MFT, to charge my credit card for failed appointment fees. I understand my credit card will only be used under these circumstances and/or when I have failed to provide payment in another form (i.e. cash or check).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Clients Signature/Parent/Legal Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Annie Hall, MFT Date

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| FOR OFFICE USE ONLY | | | |
| Name on Credit Card: |  | | |
| Billing Address for Card: |  | | |
| Credit Card Number: |  | | |
| Expiration Date: |  | CVV |  |
| Credit Card Type: | VISA MasterCard Amex | | |