

Agreement to pay for services:

I request that Bobbi Mendes provide counseling services to me (or to

who is my _____), and I agree to pay this therapist's fee of

per session for this service. I agree to provide 24 hour notice of cancellation.

All sessions are confidential.

I agree that I am 100% responsible for my participation in and creation of this therapy.

I agree to take 100% responsibility for my truth, my feelings and needs as well as whatever issues arise during treatment.

I understand that I am completely responsible for my own life and actions, and initiate participation with this fully in mind,

I am willing to have learning and transformation happen in ways that are totally loving and kind to me and everyone else.

Client Signature: _____ Date: _____

Signature of Parent or Guardian: _____

Fees for Service

\$120.00 for the first 75-90 minute assessment appointment

\$100.00 per 60 minute session paid individually at time of service.

\$95.00 per 60 minute session pre-paid set of 3: \$285.00 (to be used within one year)

\$90.00 per 60 minute session pre-paid set of 6: \$540.00 (to be used within one year)

** \$10.00 savings per session for cash payments after first appointment.

