



Fee Agreement

Payment: Session payments and co-pays due for services provided by Greenhouse Therapy will be automatically charged twice per month via credit or debit card. Co-pay amounts are determined by your individual health care plan, and out of pocket costs (private pay) are determined by Greenhouse Therapy before the start of service. Credit and debit card information will be kept confidential other than by electronic means for billing.

Credit cards are charged twice per month, on the 1st and 15th, for sessions held during the previous month. (e.g. On March 1st, your credit card will be ran for sessions held from February 1-15th. On March 15th, your credit card will be ran for sessions held from February 16-28th.)

Credit Card Authorization: I, _____, (client or caregiver/payer) authorize Greenhouse Therapy to charge my session payment/co-payment amount, bi-monthly, to the credit or debit card listed below.

Credit Card #: _____

Expiration Date: _____ **CVC Code** (3 digit code on back of card): _____

Name (as it appears on card): _____

Zip Code of Billing Address: _____

Email Address for Receipt: _____

Cardholder Phone number (in case of questions): _____

Cardholder Signature: _____ **Date:** _____

I have read the above Fee Agreement document carefully, and understand it and agree to comply with all its terms and conditions.

Client Signature: _____ **Date:** _____

Caregiver/Legal Guardian: _____ **Date:** _____

Client Name: _____

Private Pay: \$ _____ Co-Pay: \$ _____ Other: _____

Therapist Name: _____