Beverly J. Paschal, Ph.D. Phone (775) 560-7261

Licensed Marriage and Family Therapist FAX (775) 827-0404

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Reno, NV 89509

CLIENT NAME:____DATE: __________________

FEE AGREEMENT AND FINANCIAL POLICY

Print Name of Person Financially Responsibility: _______________________________________

Signature of Person Taking Financial Responsibility: ____________________________________

Relationship to Patient if Other Than Self: ____

DATED:____

A receipt will be e-mailed to you at the email you provide: ___________________________

Type of Card: _____Visa_____Mastercard_____American Express_____Discover

Name on credit card:____

Card # 16 Digits ____Expiration Date:_________

Zip Code You Receive Statement At: ____

I authorize Beverly J. Paschal, Ph.D., to charge this credit card as needed according to the terms specified in this agreement and policy.

Signature:____Date: _____________