



AMBER MARTIN
 LICENSED MARRIAGE & FAMILY THERAPIST

INDIVIDUALS, COUPLES AND WOMEN'S EMOTIONAL WELLNESS
 AMBER MARTIN, M.A., LMFT- OWNER
 LICENSE #104655

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AMBER@AMBERMARTINMFT.COM
 WWW.AMBERMARTINMFT.COM

Client Fee and Payment Agreement

Client Name:		
Session Length:		
Agreed Upon Fee:		
Address:		
City:	State:	Zip:
Preferred Phone:	Ok to send text message receipt?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred Email:	Ok to send email receipt?:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please initial below to indicate you have read and understand each section.

Session Fees _____

Fees apply to either a 50-minute individual session or a 60-minute couples session. Payments may be made by cash, check, or credit card and are due at the time of service. Checks can be made payable to **Amber Martin, LMFT**. Any returned check fees will be the responsibility of the client.

Billing _____

Payment is expected at time of appointment, unless you would like to set up recurring payments. If you would like to set up recurring payments, please fill out the **Credit Card Authorization form**.

Financial Responsibility _____

I understand that Amber Martin, LMFT does not accept any health insurance. Payment is my sole responsibility and will be paid at my appointment.

Treatment of Minors _____

I, as a parent/guardian of a minor receiving therapy, understand that I have been advised to remain on the premises during a session and waive any claim resulting in my failure to do so.

Paperless Policy _____

I understand that whenever possible Amber Martin, LMFT maintains a paperless office. All coded invoices are delivered via email unless otherwise requested by client. It is my responsibility to update the office with any changes to my contact info.

Cancellation Policy _____

Cancellations should be communicated via phone or email no less than 24 hours before the scheduled session time. Cancellations due to emergency or illness can be made at any time. Please do not come sick to therapy. No-show appointments and non-emergency cancellations made less than 24 hours in advance will be billed the normal session rate. Amber Martin, LMFT reserve the right to discontinue an appointment time if more than 3 sessions in a row are cancelled.

I have read the above statements and agree to pay Amber Martin, LMFT at time of service.

Client's Name (Please Print):	
Client's Signature:	Date: