

Leadem Counseling & Consulting Services, PC
668 Commons Way
Toms River, NJ 08755
732-797-1444

Payment Contract for Services

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Bill to: Person responsible for payment of account: _____

Address: _____ City: _____ State: _____ Zip: _____

Federal Truth in Lending Disclosure Statement for Professional Services

Fees for Professional Services

I (we) agree to pay Leadem Counseling & Consulting Services, P.C. hereafter referred to as the clinic, a rate of \$100 per clinical unit (defined as 45–50 minutes for assessment, individual, family and relationship therapy). Please speak to your therapist about fees for other services offered by Leadem Counseling & Consulting Services.

Person responsible for account: _____ Date: ____/____/____

Person(s) receiving services: _____ Date: ____/____/____

Person(s) or guardian(s): _____ Date: ____/____/____