Leadem Counseling & Consulting Services, LLC

668 Commons Way Toms River, NJ 08755 732-797-1444

Payment Contract for Services

Name(s):			
Address:	City:	State:	Zip:
Bill to: Person respo	onsible 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, LLC. hereafter referred to as the clinic, a rate that is determined by the clinician you will be working with (defined as 45-50 minutes for assessment, individual, family and relationship therapy).			
	John Leadem Elaine Leadem Shawn Leadem Maria Hennigan Christopher Leadem	\$195	
* Please select the therapist you will be working with			
Person responsible for account:			//
Person(s) receiving s	Date:_	//	
Person(s) or guardian	n(s):	Date:_	//