

# Supportive Solutions, LLC

## FINANCIAL AGREEMENT

Payment is expected at the time services are rendered. Please indicate your preference for payment:

\_\_\_\_ Cash

\_\_\_\_ Check (Please make check payable to Supportive Solutions)

\_\_\_\_ Credit Card (information will be put on file at our first session, all major credit cards accepted)

I authorize Supportive Solutions, LLC to use my card for payment of ongoing sessions, this includes sessions I schedule and do not attend and/or or canceling my appointment with less than 24 hours notice. This fee is in recognition that professional services are not only provided during my appointment time, but the 24 hours prior to and following my appointment. The full session fee is charged for missed appointments or for cancellations made with less than 24 hours notice. This arrangement will remain in place until sessions are mutually ended or at the client's written request. In the event my card is declined, I understand there will be a 25.00 service charge added to the amount due.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please note that the charge on your credit card will read "IVY Lab" this is for your privacy to ensure that no one but you will know the reason for the charge. The credit card processing is HIPPA compliant and you will receive a text notification each time the card is charged.

\*If you would like an invoice for your records, please make a request and you can be provided at invoice within one week of your request.\*