

**Daniel Acosta, M.A., AMFT**

Registered Associate Marriage and Family Therapist

Registration No. 93817

Employed and Supervised by Clinical Psychologist Dr. Heather Coakley

License Number PSY20178



## Client Payment Agreement Form

I, \_\_\_\_\_, hereby agree to pay @heatherncoakley on Venmo as listed below for the fee of (\$125) for professional services including the following:

(Initial and Date)

\_\_\_\_\_ Appointments to be paid to @heatherncoakley on Venmo. (\$125/per 50 min. session for Individual/Couples Therapy and \$125/per 50 min session for Family Therapy)

\_\_\_\_\_ Missed appointments. (\$125 for Individual/Couples and \$125 for Family Therapy)

\_\_\_\_\_ Appointments that I have cancelled with less than 24 hours' notice. (\$125 for Individual/Couples and \$125 for Family Therapy)

Client Signature: \_\_\_\_\_

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

PLEASE NOTE THAT THIS FORM WILL REMAIN IN A LOCKED AND SECURED LOCATION.