Dr. Rochelle Calvert

FINANCIAL AGREEMENT

First Name: Last Name:

Date of Birth:

Standard Fees: Initial Assessment and/or ongoing treatment per hour: $185.00

By signing below, I agree to pay a fee of $_______ per session to Dr. Rochelle Calver for services provided. I understand that this fee is subject to change, and that any change in fee will be as mutually agreed upon. I understand that my fee is subject to periodic review, particularly if my financial situation changes and I am paying a reduced fee. I agree to pay for services at the time they are provided, or as frequently as mutually agreed upon.

I agree to pay the full free of our agreed upon rate for a session if an appointment is missed without providing 24 hours notice, emergency's excepted.