

**Summit Consulting and Counseling
Client Application Information**

Client Information:

Referral Source:

Name_____

Name_____

Birthdate_____

Title_____

Address_____

Agency_____

City_____ State_____ Zip_____

Phone #_____

Home #_____ Work#_____

Cell#_____ Email_____

I AGREE TO PAY THE FOLLOWING:

(Please initial to indicate full understanding of payment policy)

_____ I. \$220 for initial visit
\$190 per session

_____ II. Payment in full is expected at time of service unless otherwise stated.

_____ III. If my account is sent to a collection agency, all costs including court filings, constable fees, attorney fees, and interest at the legal rate on the unpaid balance from the date of default until judgment and from judgment until the balance is paid in full.

_____ IV. A \$10.00 service charge for each returned check.

I certify that the above information is accurate and complete.

Applicant's Signature_____ Date_____

If Minor, Authorized _____ Date_____

Printed Name of Authorized Representative_____

Relationship of Authorized Representative_____