

# ROB + KATIE TRUAX

L I V E   Y O U R   B E S T   L I F E

## Financial Statement and Contract

Client Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Payment can be sent privately via Venmo to @Katie-Truax-3 for services rendered by Katie Truax, LMHC, and to @Rob-Truax-1 for all other services received at Rob and Katie Truax wellness center.

Service requested: \_\_\_\_\_ Fee per session: \$ \_\_\_\_\_

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### Financial Policy:

\_\_\_\_\_ Payment for services rendered is expected at the time of delivery. Payment is accepted in the form of cash, check, Venmo, Zelle, or ApplePay. A \$35 fee will be charged for each returned check; a credit card can be run for a \$5 fee.

\_\_\_\_\_ We ask that if you need to cancel or reschedule an appointment for any reason, you do so with at least 24 hours notice. Payment will be expected in full for sessions cancelled without 24 hours notice.

\_\_\_\_\_ All payments made to TRU Integrative Health and Wellness and its affiliates are nonrefundable. In the event that a prepayment is made for a block of services, and those services are not redeemed as initially intended, the remaining balance remain on file as account credit with TRU and may be applied toward any of the services offered by the practice.

**By signing below, I indicate that I have read and agree to the above financial policies and agree to pay in full for services rendered at the time of service, as well as for any missed appointments.**

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

\_\_\_\_\_  
Date