

MARIANNE BINGHAM ROWE, M.S., L.M.F.T

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PAYMENT POLICY

1. All clients are expected to take care of their fees (or insurance co-pay) at the time of their appointment. Payment by check or cash is accepted. If payment is not received at the time of service, the client will be billed, and an additional \$10.00 will be added to the cost of the session.

2. The hourly rate agreed upon is \$ _____

3. There is a \$15.00 service charge for all returned checks.

If you have any questions or concerns regarding these policies, please feel free to discuss them with me.

I will pay today by: _____ Check _____ Cash

Signature: _____ Date: _____