

Evolve Counseling & Holistic Wellness, LLC©
Self-Pay Demographics & Authorization
Counseling & Life Coaching Services

(Complete all sections)

CLIENT INFORMATION:

Today's Date: _____

Name _____

City/State/Zip _____

Social Security # _____

Telephone Number: _____

FEES AND CANCELLATION POLICY:

You are responsible for all fees for self-pay services. There is a \$50.00 cancellation/no-show/missed appointment fee without 24-hour notice, where applicable, when an appointment is already on the books. A credit card will be retained on file until services are complete. By signing, you agree to inform if there are any changes to your mailing address and to your payment method, and consent to all terms regarding this self-pay authorization.

Life Coaching is not psychotherapy or meant to serve as long-term counseling that requires a diagnosis or mental health treatment. (See the life coaching tab for details). However, the fee scale and cancellation policy is the same.

\$200 - 90 Minute Session

\$120 – 50 Minute Session

\$65 – 30 Minute Session

\$30 – 15 Minute Session

\$1 per minute from 0-14 for call/text support communication

All charges are due at the time of service unless other financial arrangements are made. I certify this information is true and correct to the best of my knowledge.

SIGNATURE: x _____ Date: _____

OFFICE USE ONLY: MH Dx: _____