



Clergy Pay Agreement

Patient Name: _____

Financially Responsible Party

Name: _____ Telephone: _____

Email: (Invoices are now sent by email) _____

Billing Address: _____

Please provide detail regarding how many sessions will be paid by the responsible party and any special instructions including any limitations surrounding the number or type of therapy sessions the above patient may have.

Signature of Clergy

Date

Planted Healing LLC 1336 South 1100 East Suite 100, Salt Lake City, UT 84106
Office: 801-215-9660 www.PlantedHealing.com

Clergy billing statements will be sent the first of each month.
Payments are requested within two weeks of receipt for continued services.
Planted Healing current fee structure for psychotherapy:
\$175.00 Initial session \$150.00 Individual sessions/consultation