



Full Circle Therapy
2500 McAndrews Road #230
Burnsville, MN 55379
952-892-8404

Payment Agreement

I understand that I am responsible to pay for services received each time that I attend a session at Full Circle Therapy.

I further understand that cancelled appointments require at least 24 hours notice. In the case of a cancellation without 24 hour notice, a missed appointment or a late arrival, I may be charged for a full session. Insurance companies or public assistance funds will not pay for appointments that are cancelled or missed.

The agreed upon fee for clinical services is as follows:

Individual: \$130.00

Family/Couples/Intake: \$150.00

A finance charge of 1.5% will accrue on accounts 90 days past due. A \$30.00 service charge will be added for returned checks.

The clinic reserves the right to use collections or conciliation court on accounts 90 days past due.

I understand and agree to the above conditions:

Client/Parent/Guardian Signature:

Date: _____

Telephone: 952-892-8404
Fax: 952-892-1722