



Awakenings

Christian Counseling

4250 S. Westnedge Kalamazoo MI 49008

Email: counsel@awakeningscc.com Phone: 269-234-2343

Cash Pay Agreement Contract

I have read and agree to the counselor / client service agreement and will pay my counselor \$_____ per session (due at time of service). \$125- Intake \$100 Cash Pay

(cash, check, or credit card are all accepted)

_____ I have been made aware of my option to seek counseling services with an In-Network provider, but choose not to use my Insurance for Counseling sessions elsewhere and understand that the cash payment for counseling rendered is due at time of service and agree to the terms and conditions as stated in this contract.

Signature of Patient
(parent / guardian if minor child)

Date:

Client Name (Printed)

Signature of Patient

Date:

Client Name (Printed)

Witness

Date: