

PAYMENT AGREEMENT

I, _____ (name of adult client or guardian of minor client) agree to pay PBJ Connections, Inc. at the current rate for services provided to me (or the client named above for whom I have legal responsibility). I understand that I am responsible for these charges and that **fees are due at the time service is provided**, unless I make arrangements in advance. If grant-funded, these policies only apply to late cancellation/missed appointment fees. I understand that by signing I am acknowledging that I have been given and understand the PBJ Connection, Inc. Policy Information, including that I may be charged a \$50 late cancel/no show fee for sessions cancelled without 24 hours notice.

Client or Guardian Signature Date

CONSENT FOR TREATMENT

By signing, I give consent to receive ongoing outpatient treatment for myself, my child, or my family at PBJ Connections, Inc.

I am signing on behalf of:

- Myself
- My Child

Child's Name

Child's DOB

Signature of Parent/Legal Custodian

Date