

# STATEMENT OF FEE

**The fee is \$80 per session.**

**Cancellations:** With a "no show" or a cancellation not made **24 hours** in advance, with the exception of illness or emergencies, you will be charged. You may leave me a message.

**Payment** is expected at the end of each session. You may pay me in cash or write a check payable in my name. For checks returned due to insufficient funds, a \$15.00 fee will be charged.

I understand and agree with the above costs and arrangements. I agree to pay \$80 per session.

Client name (please print clearly): \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Sandra A. Hope \_\_\_\_\_ Date \_\_\_\_\_

Fees are subject to change with advance notice.