JANET GREENWOOD, Ph.D., RN
Licensed Marriage & Family Therapist
www.marriagehealers.com
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REGISTRATION RECORD

YOUR NAME: ____

ADDRESS: ____

CITY / STATE / ZIP: ____

EMAIL: ____

HOME PHONE: _____/____________________ WORK/CELL PHONE: _____/____________________

EMPLOYER: ____

SPOUSE'S NAME: ____

EMAIL: ____

HOME PHONE: _____/____________________ WORK/CELL PHONE: _____/____________________

HOW WERE YOU REFERRED TO THIS OFFICE? ______________________________

FINANCIAL POLICIES:

- I AGREE TO PAY FOR ALL SERVICES RENDERED BY JANET GREENWOOD. I ACCEPT THAT I AM PERSONALLY RESPONSIBLE FOR MY BILL REGARDLESS OF INSURANCE COVERAGE.
- PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS WE HAVE PREVIOUSLY AGREED TO A DIFFERENT PAYMENT STRUCTURE.
- I UNDERSTAND AND ACCEPT THAT THERE WILL BE A $50.00 CHARGE FOR RETURNED CHECKS OR DECLINED CREDIT CARDS.
- I UNDERSTAND AND ACCEPT THERE WILL BE A 10% FEE PER MONTH, CHARGED ON UNPAID BALANCES.
- <u>I UNDERSTAND THAT I WILL BE CHARGED IN FULL UNLESS I PROVIDE 48 HOURS NOTICE OF CANCELLATION AND THAT CHARGE WILL BE APPLIED TO MY CREDIT CARD:</u>

Signature: ________________________________ **Date:** ____________________

Signature of Spouse________________________________ **Date:**____________________