

Susan Myket, Ph.D. & Associates

Using Research-Supported Therapies to Enrich Families

GROUP THERAPY PAYMENT AGREEMENT

I understand that I and/or my child will be participating in a therapy group at Susan Myket, Ph.D. & Associates. While participation in the group is voluntary, I understand that I am financially committing to the entire group series, with the possible exception of a prearranged vacation or an emergency.

So as not to take away from group time, there are several ways payment can be obtained. I will pay:

(Please Check One)

- For the entire group series at once_____.
- For the entire group series of co-payments at once_____.
- Weekly for each group_____.
- Weekly for each group co-payment_____.

I will be paying by: Cash Check Credit Card Combination

I authorize Susan Myket, Ph.D. & Associates to charge my credit card as noted above. My credit card information is as follows:

Cardholder's Name

Client's Name

Credit Card Account Number

Expiration Date

Is this a debit card?

Yes No

Today's Date

Signature of Card Holder

I understand that these charges may be made at an alternate time from the group session, to allow maximum experience in group activities.

Please indicate the date of any group session(s) that you and/or your child will be unable to attend.

If there is any other absence, please discuss it with your specialist.

Signature of Group Participant, if applicable

Date

Signature of Parent or Guardian

Date

Thank you for your participation in our group! We look forward to learning together and value each and every group member.

1415 Bond Street, Suite 127, Naperville, Illinois 60563
Phone: (630)355-9002 Fax: (630)355-9012
www.myketandassociates.com