



Wendy Hawkins, LCSW
holisticmentalhealthservices@gmail.com

I, the undersigned, understand payment for service is due in full at the date of the appointment. Services include:

60-minute individual session	\$70
90-minute EMDR session	\$100
90-minute couple's session	\$100

I also understand if the session goes beyond the scheduled 60 or 90 minute allotted time, there will be an additional charge of \$18 per 15 minutes in addition to the session rate due at the time of service.

I also understand there will be a cancellation fee of \$70 if scheduled session is cancelled without 24hrs notice or I am more than 15 minutes late to scheduled session.

I understand I am financially responsible for all charges.

Because all appointments are held virtually, please choose your preferred payment method:

_____ Venmo (@wendy-hawkins-68)

_____ PayPal (wendyhawkins68@yahoo.com)

_____ Credit/Debit card (please complete information below)

Name on Card: _____

Card Number: _____

Expiration Date: _____ **CVV** _____ **Billing Zip Code** _____

Signature: _____

Date: _____