

Agreement to Pay for Professional Services

I request that, John R. Crossen, Ph.D., provide professional services to me and I agree to pay this therapist's fee of \$200.00 per 75-minute session for these services.

I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform him, in person or by mail, that I wish to end it. My signature below affirms my agreement to pay for services provided through the end of the therapeutic relationship.

Signature _____ Date _____

Printed name _____ Date _____

Signature _____ Date _____

Printed name _____ Date _____