



Junction Rehabilitation
Payment Direction

I, the undersigned _____ (please print client name), hereby agree that am fully responsible to make payments for any services provided.

I understand that I will be charged for missed appointments and cancellations made without 24 hours notice and agree to pay charges in full.

I understand that payment will be taken at each session. Accepted forms of payment include: debit, credit or cash. Personal cheques will not be accepted. You will be provided with a receipt for insurance purposes once payment is received.

Minors: The parent or guardian accompanying a minor is responsible for payment of services. Unaccompanied minors will be denied non-emergency treatment, unless the parent or guardian has signed patient and financial responsibility forms.

I hereby agree that I fully understand the fees for service and have read and clearly understand the above information and the implications thereof.

Client/Guardian Signature

Date

Witness Signature

Date