



The Morris Guild of Psychotherapy

BE WHO YOU ARE

14 Ridgedale Ave., Suite 207, Cedar Knolls, NJ 07927
(973) 532-2149 info@morrisguildpsych.com
Group NPI#: 1821239948 EIN#: 26-4238679

Fee Agreement

I _____, (client's name) have discussed and agree to pay .
\$ _____ (agreed upon fee) per session with, (name of therapist)

I will pay using (please circle/underline/bold one of the choices below):

- Zelle (pay to email andylapides@gmail.com which will come up as “Morris”
- Venmo (pay to @morrisguildpsych)
- Credit card (complete below)
- Check (mail or online banking to: The Morris Guild of Psychotherapy at address above)

I agree to pay for my session within 24 hours of my session.

I agree to pay for my session if I don't provide 24 hours notice or fail to show up for my appointment.

Name on Credit Card: _____

Billing Address: _____

Card No.: _____

Expiration Date: _____

Security Code: _____

“I authorize The Morris Guild of Psychotherapy, LLC. to charge me for services rendered and for no-show appointments.”

X _____
Signature/Date