



ACHIEVE

Speech, Language & Executive Function Experts

PAYMENT AGREEMENT

RE: _____

It is understood that I will be self-paying for speech, language and/or executive function evaluation and/or therapy services and that payment must be made by cash, check (payable to: _____), at each session. If a check is returned due to insufficient funds, there will be a \$15.00 charge. If this occurs, therapy will be immediately discontinued, and will only be resumed once the account has been paid up-to-date. Once therapy resumes, only cash payment will be accepted and must be made at the beginning of each session.

Client/Parent if client is under 18 years of age

Date