

JANET GREENWOOD, Ph.D., RN

Licensed Marriage & Family Therapist

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REGISTRATION RECORD

YOUR NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

EMAIL: _____

HOME PHONE: ____/____/____ WORK/CELL PHONE: ____/____/____

EMPLOYER: _____

SPOUSE'S NAME: _____

EMAIL: _____

HOME PHONE: ____/____/____ WORK/CELL PHONE: ____/____/____

HOW WERE YOU REFERRED TO THIS OFFICE? _____

FINANCIAL POLICIES:

- I AGREE TO PAY FOR ALL SERVICES RENDERED BY JANET GREENWOOD. I ACCEPT THAT I AM PERSONALLY RESPONSIBLE FOR MY BILL REGARDLESS OF INSURANCE COVERAGE.
- PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS WE HAVE PREVIOUSLY AGREED TO A DIFFERENT PAYMENT STRUCTURE.
- I UNDERSTAND AND ACCEPT THAT THERE WILL BE A \$50.00 CHARGE FOR RETURNED CHECKS OR DECLINED CREDIT CARDS.
- I UNDERSTAND AND ACCEPT THERE WILL BE A 10% FEE PER MONTH, CHARGED ON UNPAID BALANCES.
- I UNDERSTAND THAT I WILL BE CHARGED IN FULL UNLESS I PROVIDE 48 HOURS NOTICE OF CANCELLATION AND THAT CHARGE WILL BE APPLIED TO MY CREDIT CARD:

Signature: _____ Date: _____

Signature of Spouse _____ Date: _____