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| Logo1.png | **Healthy Sexual Solutions** |

**Healthy Sexual Solutions**

**Fee Agreement**

|  |  |
| --- | --- |
| **Today’s**  **Date** |  |

|  |  |
| --- | --- |
| **Client**  **Name** |  |

|  |  |
| --- | --- |
| **Mailing**  **Address** |  |

|  |  |
| --- | --- |
| **Telephone**  **Number** |  |

|  |  |
| --- | --- |
| **E-Mail**  **Address** |  |

|  |  |
| --- | --- |
| **Services**  **Provided** |  |

|  |  |
| --- | --- |
| **Fee** |  |

Payment is expected at the end of every month. If a client has a balance of unpaid sessions, further sessions will not be scheduled until the balance is paid. All outstanding payments will be turned over to a collection agency. No reports or other documentation will be released to any party without all payments made in full.

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Telephone Number: (205) 356-5083

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