



HealthySexualSolutions

Fee Agreement

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|---------------------|--|
| Today's Date | |
|---------------------|--|

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

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

| | |
|-------------------------|--|
| Telephone Number | |
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|-----------------------|--|
| E-Mail Address | |
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|--------------------------|--|
| Services Provided | |
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| Fee | |
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Note:

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.

Contact:

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