

FEES MADE AFFORDABLE

Terms

Special package deals for Hypnotherapy and New Life Coaching sessions are available with advance purchase and a multiple session commitment. This sliding scale option is designed for those with limited finances, and are based on the honor system. For instance, if you can afford to pay the full rate of \$135 per 45-minute session, then that should be your choice. That way, someone else in a lower income bracket such as a student, a senior or a person with a low paying job can also get the help they need at a reduced rate that is affordable for them.

1. Pay for **twelve** 45-minute **sessions in advance** and the total cost is only **\$900**. This is a savings of \$720 or a cost of only \$75 per session.
2. Pay for **six** 45-minute **sessions in advance** and the total cost is only **\$600**. This is a savings of \$210 or a cost of only \$100 per session.

Conditions

- **This package deal is based on scheduling, keeping and paying for a minimum of one session per week or a double session every other week** unless special arrangements are made in advance with me.
- **If you fail to honor these conditions, the cost reverts to the full price of \$135 per single session and any balance will be deducted from whatever fees you have on account with me.** If there is an unpaid balance remaining, you will be responsible for paying it in full.

If your bill is not paid, and you decline to make arrangements to pay the outstanding balance, the fact that you have received professional services, the dates and amount owed, plus any other relevant information to aid in collection, may be revealed either to a collection agency or the courts. In addition, you will be responsible for all fees involved in any collection proceedings.
- **You may pay with cash, credit or debit card, electronic fund transfer, through PayPal or by check.** If using credit or debit cards there is a 5% handling fee.
- **If using a check** to pay the full total of all of the sessions at once, then I will deposit the check in my bank on the day of the first session in your package. Alternately, you can write one check for each session in your package, in advance, and date them individually to correspond with the date of each scheduled appointment. I will then hold each unused check until the day of your session.

Continued on next page ↪



JUDIE KEYS, C.C.H. Director • Hypnotherapist • Business and Personal Coach
Address: 4295 Gesner Street , Ste 3C • San Diego CA 92117-6663
Direct Line: 858 560-0557 • Email: JudieKeysCCH@HealingfromEmotionalAbuse.com
Website: HealingfromEmotionalAbuse.com

- **If you are a phone client, or someone else is making the payment directly to me on your behalf then payment must be made no later than within 24-hours in advance of the session.** This may be done through the mail, via courier, or other arrangements that we agree on such as a deposit put directly into my bank account.
- **If an interruption of services occurs resulting in a temporary or permanent termination, any remaining funds will be held as a credit toward resuming Life Coaching & Holistic Counseling within 90 days or three months of stopping.** There are no refunds; however, with my prior approval, you may transfer any credit for unused sessions to another person if done within the 90 day period.
- **If the above choices are beyond your means,** please contact me and we can discuss other possibilities that may make my services affordable for you such as a temporary partial deferment plan.

I have fully read, understand and accept the above terms and conditions for reduced session fees. I also acknowledge there are additional rules that must be followed as put forth in the "Policies and Information" sheet. Upon conclusion of my chosen package, I have the option of renewing the same or another payment package to continue paying for more sessions.

First session under this program (date) _____ Method of Payment _____

If an adult is assuming financial responsibility for self or a minor, please complete the following:
 Parent/Guardian or financially responsible adult's signature **X** _____

Printed name of adult above _____ Date _____

If a minor child is the client, print his/her name _____

If one adult is assuming financial responsibility for another adult, please complete the following:

Adult client's signature **X** _____

Printed name of adult client _____ Date _____

Signature of financially responsible adult **X** _____

Printed name of adult above _____ Date _____

Comments _____