



Payment Agreement

Dr. Marlo Archer
1237 W. Auburn Dr.
Tempe, AZ 85283
480-705-5007
drmarlo.com

Please read the following, print it out, fill in the blanks, then mail it, fax it to 480-323-2521 or bring it to our office. When we have received your completed payment agreement, we will call you to schedule your first appointment.

By filling this out and signing it, you are indicating that you understand that you must give a valid credit card number, with expiration date, and turn in this signed payment agreement before you can schedule a session.

You are also signing that you understand that if you don't attend the session, your credit card will be charged the cost of the session you reserved unless you canceled at least 23 hours in advance.

Your credit card number will be kept on file throughout treatment and will be charged each time an appointment is missed without 24 hours advance notice. You can always call our office and leave a voice mail to cancel appointments to make sure you cancel with enough notice.

Payments are expected at the time of service or in advance. If you do not bring cash or a check to your appointment, your credit card will be charged for your payment.

You will be charged for all phone calls, e-mail consultations, and necessary administrative or clinical services, other than routine appointment scheduling and cancellations, at the rates below. These charges may appear on your credit card bill between your scheduled appointments as they will be charged as they occur.

Fees for Services at Down to Earth:

Initial Consultation 30 Minutes (Call for details)	FREE
Diag. Assessment, 45min F2F + 45min Case Mgmt	\$400.00
Individual Therapy 45 Minutes	\$200.00
Individual Therapy 60 Minutes	\$275.00
Individual Therapy 90 Minutes	\$350.00
Family Therapy 45 or 60 Minutes	\$325.00
Family Therapy 90 Minutes	\$450.00
Group Therapy 45 Minutes	\$100.00

Phone Consults 15 Minutes	\$75.00
E-Mail Consults 15 Minutes	\$75.00
Administrative Services (Letters, Forms, etc.) 15 minutes	\$75.00
Extras Required by your Insurance (e.g. updates) 15 minutes	\$75.00
Release of Records, + 54 cents/page	\$100.00
Parent Coaching – Door To Door	\$325.00
Couples Coaching – Door To Door	\$325.00
Individual Coaching – Door To Door	\$275.00

Fees Subject to Change – Most Current Fees always at www.DrMarlo.com

I understand and agree with this Payment Agreement.

Client Name _____

Client/Guardian _____ Sign _____ Date _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Please enter the following information exactly as it appears on your credit card and statement.

Type Visa MC American Exp Discover Card Number _____

Expiration _____ Card Verification Number _____

Card Holder's Name _____

Card Holder's Billing Address _____

City _____ State _____ Zip _____