

WISCONSIN SCHOOL OF PROFESSIONAL PSYCHOLOGY, INC.
PSYCHOLOGY CENTER
Training Institute

WSPP PSYCHOLOGY CENTER
PAYMENT AGREEMENT

CLIENT: _____

Annual gross income: _____

Number of dependent children: _____

Other relevant financial information:

Required payment (due at the beginning of each session):

_____ per therapy session

_____ for assessment/testing

Payment agreements that are lower than \$5.00 are considered **ONLY** in extreme circumstances and must be approved and signed by the Clinic Director in consultation with the therapist's supervisor.

Fees and required payments will be increased periodically to keep up with the rate of inflation as measured by the cost of living index.

Completed by: _____

Date: _____

Client/Guardian Signature: _____

Date: _____

Therapist Signature: _____

Date: _____

Clinic Director Signature: _____
(if changes made to payment agreement)

Date: _____