



Change & Grow

Third Party Payment Form

Informed consent to assume payment responsibility for therapy.

I(Full Name) agree to pay for the Therapy services for(Full Name) according to the fee agreement between the therapist and client.

I understand the following terms apply to this agreement;

- The fee per session is £60.00 per 50 minute session unless otherwise specified.
- Please inform Maya Ladwa (The Therapist) ahead of time or as soon as you know if there are changes in your ability or willingness to pay.
- Sessions will be terminated if payment of fees is not made as per agreed with this consent.
- Consent to assume financial responsibility for therapy services does not entitle any third-party payer access to confidential information unless agreed in writing to myself from the above-named client.
- I agree for payments to be made in accordance to the therapy agreement prior to the commencement of the therapy session.
- I understand I am liable to the payment of the above client's session in relation to the therapist's cancellation policy.
- Cancellation policy - A minimum of 48 hours' notice should be given in the event of needing to cancel a session. If less than 48 hours' notice is not received partial payment will be required. If less than 24 hours' notice is given full payment will be required.

Bank details:

- Sort code:
- Account Number:
- Account Name:

Sign (Third Party):

Date:

Client:

Date: