



Financial Agreement & Cancellation Policy

Client Name: _____

Date: _____

Thank you for choosing **Vella Strength & Healing** for your care. This agreement outlines the financial expectations, policies, and boundaries for our work together.

Session Fees

- **Initial Evaluation (90 minutes):** \$200
- **Follow-Up Sessions (60 minutes):** \$130
- **Follow-Up Session (90 minutes):** \$200

Payment Policy

- Payment is due at the time of service unless otherwise arranged in advance.
- Accepted forms of payment: [cash, check, credit card, HSA/FSA]

Cancellation / No-Show Policy

I honor your time and mine. Please provide **at least 24 hours' notice** if you need to cancel or reschedule your appointment.

- **Late Cancellations** (less than 24 hours) and **No-Shows** are subject to a **\$55 fee**, except in the case of emergency or illness.

By signing below, you agree to:

- Pay the fees listed above (or a mutually agreed-upon rate)
- Respect the 24-hour cancellation policy and pay the \$55 fee when appropriate
- Communicate openly about financial needs when possible

Client Signature: _____

Date: _____

Provider Signature: _____

Date: _____