



## Agapé Christian Third-Party Referral Form

\_\_\_\_\_  
Name of Payor

Client Name(s): \_\_\_\_\_  
\_\_\_\_\_

Therapist (if known): \_\_\_\_\_

Number of sessions approved: \_\_\_\_\_

I/We agree to pay \$\_\_\_\_\_ per session and the client will be billed for the balance of each session fee. Invoices will be mailed to:

Attention:	
Address	
City, State & Zip	
Telephone:	
E-mail	

By signing below, the Payor hereby agrees to pay the amount invoiced for the client(s) to receive counseling at Agape Christian Counseling for the term of this agreement. If the client(s) needs additional sessions, he/she must submit another agreement form. If the client does not show for a scheduled appointment, the client (not the third party) will be responsible for the cancellation fee.

\_\_\_\_\_  
Third Party Signature Date

This agreement expires upon the completion of the number of sessions listed above or \_\_\_/\_\_\_/\_\_\_\_\_, whichever occurs first. Agreement is not valid without Agape approval.

\_\_\_\_\_  
Agapé Signature Date

*Our mission is to provide professional counseling from a Christian perspective to bring about healing to individuals, couples, and families in the greater Charlotte area*