

Jillian Sokoloff M.A.  
334 Washington Ave. Cottage Grove, OR 97424  
Marriage Family Therapist  
Grief Counselor

### **Payment Agreement**

In consideration of professional services rendered, I the undersigned, do hereby agree to the following payment arrangement with Jillian Sokoloff M.A.,

I am responsible for a fee of \_\_\_\$125 per session. Cash, check or money orders are accepted. Payments are due at the beginning of each session.

If you have a financial hardship and you are not able to pay the above stated fee, please let me know. I have a sliding scale in my office to accommodate those who truly need financial assistance. We can go over it together and arrive at a fee that is mutually agreeable. That mutually agreeable fee is\_\_\_\_\_.

I understand that I am solely responsible for the agreed upon fee.

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Signature

Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_