Spiritual Family Counseling, LLC.

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SQUARE INVOICE NOTIFICATION

Prior to your appointment,	your insurance will	l be verified,	and you will	be notified o	of any co-pa	ys or co-
insurance you may be respo	onsible for.					

An invoice via Square will be sent to you prior to your appointment (either the day before or morning of) for the total amount due. All fees which you may be responsible for (whether an insurance or cash client) are due at time of service.

If other arrangements are needed, please discuss possible options with your therapist.

My signature below indicates that I am aware of and agree to receive an invoice from Square for my appointment with Spiritual Family Counseling, LLC.

Client signature	Date	
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