

Revision Christian Counseling, LLC

Third-Party Guarantee of Payment Form

It is the responsibility of the client to ensure that this form is completed and returned to Revision Christian Counseling, LLC five days prior to the first applicable session.

[Name of organization guaranteeing payment (Guarantor)]

Agrees to pay Revision Christian Counseling, LLC the cost of counseling for

[Name of individual (s)]

for _____ sessions in the amount of \$ _____/session.
[Number of approved sessions] [Dollar amount per session]

Payments for counseling services should be made payable to "Revision Christian Counseling" upon receipt of invoice and mailed to Revision Christian Counseling at 5001 Little Rock Road, St. Louis, MO 63128.

If the client and the counselor deem additional sessions are necessary, Revision Christian Counseling, LLC will contact the guarantor in advance for approval. If the guarantor approves further sessions, a new "Guarantee of Payment" form will be secured.

Signature of Guarantor

Date

Guarantor Information:

Please send all invoices for services to us at:

We prefer sending invoices via email. Please include the email address for billing if this is a possibility.

Organization: _____

Attention: _____

Address: _____

Email: _____

Telephone Number: _____