

Joyce Starks, Phd (ABD), MSW, LCSW  
459 East 1000 South  
Pleasant Grove, UT 84062  
801-989-1992 joyce@joycestarks.com

## BISHOP'S AUTHORIZATION FOR PAYMENT OF SERVICES

### Client(s) Contact Information:

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Bishop Contact Information:

Name: \_\_\_\_\_ Ward/Stake: \_\_\_\_\_  
Preferred contact address: \_\_\_\_\_  
Preferred contact phone number: \_\_\_\_\_  
Preferred contact email address: \_\_\_\_\_

(Monthly Billing Statements are sent to Bishop's email address)

Bishop's Comments:

**Terms:** The fee for all sessions (75-minute Assessment Session and 50-minute Regular Session) is \$150.00 per session. Checks are gladly accepted from ward bank account only. Please make checks payable to Joyce Starks. I respectfully request that payment be mailed to me on the Sunday immediately following receipt of Billing Statement. Payment must be received by Joyce Starks no later than 30 days after the date of the Billing Statement. If balance due remains unpaid after 30 days, a new Billing Statement will be sent, reflecting an added 10% Late Fee. After 60 days, a new Billing Statement will be sent again, reflecting a 20% late fee applied to the balance due, etc. In addition, prior to each session client will pay a \$30.00 Client Fee per session, via the Pay Pal link on my website, joycestarks.com.

**No Show/Late Cancellation Policy:** If Client(s) are a No-Show for any session, or cancel without giving 24-hour notice, half of the fee will be incurred for the 1<sup>st</sup> incident, the full fee will be incurred the 2<sup>nd</sup> incident, and if a 3<sup>rd</sup> incident occurs, the full fee is due, and no further sessions will be scheduled with Client(s).

Bishop hereby authorizes payment of services on behalf of the above named Client(s). The Bishop and Client(s) agree to pay Joyce Starks according to the terms explained above.

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Client(s) Signature(s)

Date

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Bishop's Signature

Date

Bishop and Client(s) are encouraged to make copies of this Agreement for their records. Please return signed original Agreement to Joyce Starks prior to receiving services.