

Third-Party Guarantee of Payment Form

Please fill in box completely and *thank you* for your support of this client

(Name of organization or person guaranteeing payment)

Agrees to pay Revision the cost of counseling for

(Name of individual)

for _____ sessions in the amount of \$ _____/session.

[Number of approved sessions]

[Dollar amount per session]

Guarantor Information:

Organization: _____

Attention: _____

Address: _____

Phone number: _____

Email of person to receive invoices: _____

Please note that we prefer to send email invoices as opposed to paper. Please include the email address above of the person who needs to receive the invoices.

As representative of the above person/institution, I agree to pay the amount listed above for counseling services rendered by Revision Christian Counseling.

Guarantor

Date

Payments for counseling should be payable to "Revision" upon receipt of the invoice and mailed to 4171 Crescent Drive, Suite 202, St.Louis, MO 63129. It is the responsibility of the client to ensure that this form is completed and returned to Revision prior to the first session.

Staff Information

Client Number and Counselor name: