EMBER & OAK
THERAPY
BY AMY INGLIS

Client Details

Name: _____

Date of Birth: _____

Address: _____

Contact Phone: _____

Email: _____

Fees and Payment

Appointments cancelled with less than 48 hours' notice, or missed appointments, may incur the applicable cancellation or no-show fee.

Service	Fee	Notes
Initial assessment session (90min)	$220	
Standard therapy session (50min)	$180	
Extended session (75 min)	$220	
Cancellation	$85	Applies if less than 48hrs notice
No Show fee (failure to attend without notice)	$180	Medicare rebate unavailable

Payment Timing

- Payment is due at the time of service unless otherwise agreed.
- For telehealth sessions, payment must be received prior to the session.

Cancellation and Rescheduling

- I agree to provide at least 48 hours' notice for cancellations or rescheduling.
- I understand that cancellations or missed appointments without adequate notice may incur the cancellation fee.

Payment Authorisation

I hereby authorise Ember & Oak Therapy to charge my nominated payment method for the agreed fees related to therapy services, including session fees and any applicable cancellation or no-show fees. I understand that:

- Payments will be processed at the time of service or as otherwise agreed.
- In case of cancellation fees, I authorise the charge if cancellation policy terms are not met.

- It is my responsibility to ensure sufficient funds or credit are available.
- I may revoke this authorisation by providing written notice prior to the next scheduled payment.
- I understand that payment details may be securely stored through Ember & Oak Therapy's practice management system for the purpose of processing session and cancellation fees, where applicable.

Medicare Rebates

- Clients attending under a Mental Health Treatment Plan are responsible for paying the full session fee at the time of their appointment. Medicare rebates can be processed at the conclusion of your appointment once payment has been received.

Fees are reviewed periodically and clients will be notified in advance of any fee changes.

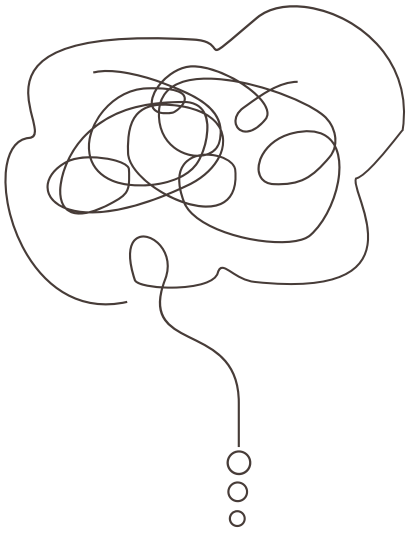
I have had the opportunity to ask questions about this fee agreement and understand my financial responsibilities as a client of Ember & Oak Therapy.

By signing below, I acknowledge that I have read and understood this fee agreement and agree to the terms outlined above.

Client Name: _____

Signature: _____

Date: _____



Therapist Name: _____

Signature: _____

Date: _____