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Client Payment Information Form

Therapist Name: **WOMANSCOACH COUNSELLING**

Medibank Provider Number: A153531A

Client Information:

Full Name: _____

Contact Number: _____ Email: _____

Payment Information:

Payment Method: [] Cash [] Bank Transfer (please see details below)

Direct Debit:

Account Holder Name: S Althaus BSB Number: 062-000 Account Number: 1648-2098

Payment Terms and Conditions:

1. Payment for therapy sessions is due at the time of the appointment.
2. I understand that if I miss my appointment or cancel with less than 24 hours' notice, I will be charged a fee of [insert amount].
3. I understand that if I repeatedly miss or cancel appointments, the therapist may choose to terminate therapy services.
4. I understand that all payments made to the therapist are non-refundable.

Client Signature: _____ Date: _____

Note: This form complies with the Australian Privacy Principles and is used to collect necessary payment information for therapy services. This information will be securely stored and will not be shared with any third parties, except as required by law.