www.royaltonmusic.com • www.professionalsuitebyrmc.com
10167 Royalton Road - Unit A • North Royalton, OH 44133
(440) 237-9400 • (440) 237-9490 Fax

Service Confirmation

This is to confirm the following individual(s) will receive Music Therapy services from Royalton Music Center. We urge you to read over the information on the policy sheet concerning attendance and payment. We look forward to serving you with quality Music Therapy services.

Client Name:_____
Parent/Guardian: _____
Length of service (If a pre-determined time has been designated): _____

Has been registered to receive Music Therapy services from:
Therapist: _____ Day: _____ Time: _____

Type of session (please circle): Individual Group

Payment/Fees:
Funding Source (If applicable): _____
Length of session: _____
Session Fee: $_____
Funding of: $_____
Payment due per session: $_____

I have read and understand the Royalton Music Center's rules and regulations in regards to attendance and payment of services outlined on the policy sheet. By signing, I accept the responsibility for payment of all charges on this account, including any mutually agreed upon changes to the registration information above.

_____ _____
Signature of responsible party & Date Music Therapist-Board Certified & Date

Please Note: Your signature indicates continued authorization of the services noted above. This document acts as a legal contract between parties; holding placement for the given individual and indicating the signer as responsible party for payment, unless otherwise noted. This policy applies to all clients, even if a signed acknowledgement is not returned, and supersedes any previous policies and/or contracts.

I authorize Royalton Music Center to charge my credit card for Music Therapy services on the first of each month:

Credit Card Number _____ Expiration _____

Signature of Cardholder _____ Date _____