

www.royaltonmusic.com 10167 Royalton Road • North Royalton, OH 44133 (440) 237-9400 • (440) 237-9490 Fax of the World

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:					
Will receive Music Therap	y services from:	Therapist:			
Day:	Time:	In-Person or Virtual (circle one)			
Payment/Fees:					
Funding Source (If applicab	le):				
Length of session:	30 min	45min	60 min	120 min	
Monthly Session Fee:	\$				
Monthly Funding:	\$				
Payment due monthy from	client: \$				
payment of services outlined on charges on this account, include further authorize RMC to take	ding any mutually agre	ed upon change	es to the registra	ation information above. I	
Signature of Responsible Party & Date		Board-Certified Music Therapist & Date			
Please Note: Your signature indic contract between parties; holding payment, unless otherwise noted. supersedes any previous policies	placement for the given i This policy applies to al	individual and ind	icating the signer	as the responsible party for	
By signing, I auth	orize RMC to char	ge my credit o	card on the 1 st	of each month.	
Credit Card Number			Ехр	:CVV:	
Signature of Cardholder			Date:		