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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	en designated): _	
Has been registered to receive Music Therapy set Therapist:		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 rule	s and regulations ir	n regards to attendance and payment
of services outlined on the policy sheet. By signing, I accept	the responsibility f	for payment of all charges on this
account, including any mutually agreed upon changes to the		

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 ____

Signature of Cardholder _

Expiration _____

"One of America's Top 100 Music Stores"