



VOUCHER #: \_\_\_\_\_ (SpringHaven Office use only)      DATE: \_\_\_\_\_

CHURCH: \_\_\_\_\_ Phone: \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

Street Address	City	State	Zip Code
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We request payment for services to be divided accordingly:

\$\_\_\_\_\_ Church Portion + \$\_\_\_\_\_ Client Portion = \$85.00 (Total fee per session)

We agree to authorize \_\_\_\_\_ sessions at this time, recognizing that short term therapy usually consists of a minimum of 6-12 sessions.

(Check one):

\_\_\_\_\_ Yes, we will be willing to consider authorization of additional sessions following the contact of the authorized church contact. Phone: \_\_\_\_\_.

\_\_\_\_\_ No, we do not wish to authorize additional sessions.

Authorized Church Contact Signature

SpringHaven Billing Coordinator Signature

Renewal information: (SpringHaven Office use only) By completing the following information, you are confirming you've had a verbal or emailed confirmation from the authorized church contact for renewal of this church partnership agreement.

[illegible]

Please Fax or mail form to SpringHaven.  
Fax # 330.597.9010 Mailing address: P.O. Box 265 Mt. Eaton, OH 44659