JORGENSEN * BROOKS GROUP	Month	Counselor Name

Invoice for Services Provided by Affiliates

Client Name	Birth Date	Gender M/F	Relationship to Employee	Company	Company Location	Assessed Problem	Date of Session	Session Number	# Attendees	Late Cancel/ No Show	Date Case Closed	Legal Concerns Y/N

TO RECEIVE PAYMENT YOU MUST SUBMIT:

1) CLIENT INFORMATION SHEET, MUST BE SUBMITTED AFTER FIRST SESSION OR WITH THIS MONTHLY SHEET.

2) THIS MONTHLY SPREAD SHEET NO LATER THAN THE 10TH OF THE MONTH FOR THE PREVIOUS MONTH'S SESSIONS. LATE SUBMISSIONS WILL NOT BE PAID.

Make check Payable to: Name	Address	City	State	Phone No.

Fax invoice to 520-844-1156; email invoice to karen@jorgensenbrooks.com; or mail to 2292 W. Magee Road #290, Tucson, AZ 85742

Direct Questions to Karen Bazinet, Administrative Services Director, 888-520-5400 or 520-575-8623

COUNSELOR SIGNATURE: _____ **DATE** _____

*** SIGNATURE ON THIS FORM VERIFIES ALL CLIENTS SEEN IN THE MONTH. I UNDERSTAND I MUST SUBMIT THE JORGENSEN BROOKS CLIENT INFORMATION SHEET TO RECEIVE PAYMENT AND THIS FORM MUST BE SUBMITTED BY THE 10th OF THE MONTH TO RECEIVE PAYMENT FOR THE PREVIOUS MONTH'S SESSIONS.**