Name of Contracted Independent Provider: _____

WETZEL-RASMUSSEN COUNSELING SERVICES
N11230 Antigo Street, P.O. Box 278
Elcho, WI 54428
(715) 275-3934
Fax: (715) 275–4510

Client Rights and Billing Procedures Contract

I have been given a copy of *Client Rights and Billing Procedures*, and the *Grievance Procedure* handout for the services provided by Wetzel-Rasmussen Counseling Services. I will read the material and contact Wetzel-Rasmussen Counseling Services or the above name contracted independent provider if I have any questions.

Client Name: _____ **Parent/Guardian:** _____
Print **Print**

Signature: _____ **Signature:** _____

Date: _____ **Date:** _____