

ADAPT WELLNESS CENTER

LARA ANDERS Marriage & Family Therapist

1904 Skypark Dr., Medford OR 97504

(541) 292-9452 or (541) 773-2999

lara@adaptmedford.com

Bishops Assistance Form:

Name of family members receiving therapy: _____

Date: _____

Bishops name: _____

Bishops email & phone: _____

Ward/Stake: _____

Bishop completes bottom portion

Check length of treatment:

- 4-8 sessions
- 8-12 sessions
- At therapists discretion (communicate treatment plan with bishop)

Therapy is \$75/session

Circle bishop contribution: \$75 \$50 \$25

Ward member contribution (remainder of \$75; it's recommended that member contribute are least \$25 if possible)

\$ _____

Address to send monthly bill to: _____

Bishops Signature: _____

Date: _____
