

PAYMENT GUARANTEE

l,	.,
(relationship to client) of	(name of client) hereby
	yment to Labyrinth Counseling Center, Inc. for any
and all fees, costs, expenses which re-	sult from providing services to the above client
which are not reimbursed by third party	y payors including, but not limited to fees, costs,
expenses related to therapy, and/or cli	ent failed appointments.
I understand that I undertake to be a g	uarantor and will immediately upon demand from
Labyrinth Counseling Center, Inc. pay	to Labyrinth Counseling Center, Inc. any sums
which represent any unpaid balances of	due and resulting from the above identified client
from time to time. I also agree to pay for	or any attorney's fees, costs, and expenses
associated with the collection of any su	ums which are demanded of me or the above
identified client from Labyrinth Counse	ling Center, Inc. and waive the right to a jury should
litigation be initiated to enforce this gua	arantee.
I understand that the consideration for	this undertaking is supported by my request of
Labyrinth Counseling Center, Inc. to pr	rovide services to the above identified client and
Labyrinth Counseling Center, Inc.'s ag	reement to accept him/her/them as their client(s) as
well as other good and valuable consid	deration one to the other.
Executed this day of	, 20
	Guarantor's Signature
	Guarantor's Printed Name
	Guarantor's Address