



7 Francis Avenue, Broadview 5083

info@enfieldbaptist.com.au

Agency Referral to LifeWell™

CLIENT NAME _____

CLIENT PHONE NO. _____

REFERRING AGENCY _____

BILLING ADDRESS _____

SERVICE TYPE (please tick)

- **Massage Therapy** \$50
- **Counselling** \$40 - \$55
- **LifeWell Course/s** \$66 **Concession** \$45
- **Please specify course** _____

DATE & TIME OF INITIAL APPOINTMENT _____

VALUE OF AGENCY SUBSIDY

BALANCE TO BE MET BY CLIENT

Amount from Agency \$ _____
(to be invoiced)

Total to be paid by client \$ _____
(At time of appointment)

TOTAL COST \$ _____

Is this for a one off session only? YES/NO

If no, how many sessions will agency provide subsidy for? _____

AUTHORISATION _____
(Name & signature of Agency Officer approving subsidy)

Date _____

Contact Phone No: _____

This form is to be sent with client – no service can be provided without it