



Financial Agreement-Julie Lopez, LICSW

Client Name: _____ Phone: _____

Email Address: _____

Billing Address: _____

I understand that individual consultation and therapy is billed at a rate of: \$225 / 45 minutes.

Couples therapy is recommended for a 1 hour duration and is billed at a rate of: 225/45 minutes or \$280/60 minutes.

Group therapy is billed at a rate of: Varies.

Special services, such as court appearances, are billed at different rates including travel time. I also understand that the cost for treatment may increase periodically based on market value increases. I will be given 30 days advance notice if such a change is forthcoming.

As a Viva Center client, I understand that fees are due to The Viva Center at the time of service in the form of cash, check, Mastercard or Visa and that I am ultimately responsible for all charges. If paying with credit card, I understand that charges will be billed monthly by the end of the month during which charges are incurred. I also understand that should an account be 30 days past due a \$50.00 late fee will be added to my account. I understand that a \$25.00 fee will be billed for any checks that come back with insufficient funds. Statements showing dates of visits, charges and payments will be provided upon request. I understand that it is my responsibility to forward this bill to my insurance company for reimbursement. Should legal action/collections become necessary to bring my account out of delinquency (over 90 days past due), I understand that additional collection/legal fees will be my responsibility.

I understand that cancellations must be made **48 hours in advance** to avoid a charge to my account. The missed appointment charge is equivalent to the regular fee. I am aware that missed appointments are not usually covered by insurance.

As a Viva Center client, I acknowledge and accept full responsibility for this account and guarantee payment of all charges against this account to The Viva Center.

Signature of responsible party

Date

Signature of witness