

**NEW DAY WOMEN'S CENTER**  
**5575 Lake Park Way, Suite 106, La Mesa, CA 91942**  
**(619) 713-1544**

**THERAPY FINANCIAL AGREEMENT**

I have discussed the financial arrangement with my therapist/counselor and hereby agree to the following:

Per session rate:                   \$ 125                   \*Regular fee unless discount/sliding scale is approved

Contract rate per session:       \$ \_\_\_\_\_

Amount paid by client:           \$ \_\_\_\_\_           \*Due at each session

Amount paid by Third Party:     \$ \_\_\_\_\_       \*Includes **approved** sponsorships, scholarships, insurance or discounts

Third Party Information (name, address, phone number): \_\_\_\_\_

I give consent to New Day Women's Center to contact the Third Party named above to exchange information relevant to billing purposes only. **I understand that if the Third Party does not pay, for whatever reason, I am responsible for the entire contract rate per session.** \*Note that NDWC scholarships and most insurance and 3<sup>rd</sup> party payers **DO NOT** cover short cancellation fees and "no show" fees. In these cases, the **FULL session contract rate of \$ \_\_\_\_\_ must be paid by the client prior to scheduling the next session.**

**Appointments:** All appointments will be made through my therapist/counselor \_\_\_\_\_. If an appointment cancellation or rescheduling becomes necessary, at least 24 hours advance notice is required to avoid being charged. As a courtesy, this enables other clients to utilize this time. **Cancellations not made within 24 hours of the scheduled appointment are subject to a charge of 100% of the session fee.** In the case of a no-show or cancellation, the client will be required to reschedule the next appointment; No appointment will be carried over without direct contact. Please be advised that I may refuse to reschedule an appointment for a client who has canceled or not shown repeatedly, or for a client who has a large outstanding balance and has not made a financial arrangement.

Cash, checks, credit and debit cards are accepted as payment.

**Returned checks will be subject to a \$15.00 service fee.**

**Concerns:** I value your opinion and encourage you to discuss any comments, positive or negative, regarding your therapy. This can provide you an opportunity to grow in communication and problem solving skills, which may enhance the value of therapy. As your therapist, I will do everything possible to work with you.

I have read and understand the "Financial Agreement" document

\_\_\_\_\_  
(Client's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Client's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Responsible party if client is a minor)

\_\_\_\_\_  
(Date)