

Joseph Pereira, MSW, LICSW, CAS

Outlook Associates of New England

637 Massachusetts Avenue, Arlington, MA 02476

781-643-5251

PAYMENT AGREEMENT

I acknowledge my referral to Joseph Pereira, MSW, LICSW, CAS/Outlook Associates of New England for services.

As a condition of acceptance into this treatment program, I agree to pay the following fees:

_____ Intake evaluation _____ Individual session _____ Group session

_____ Other Option as follows: _____

Brief phone consultations with you or relevant third parties and short letters are provided at no added fee. Additional charges will be applied for detailed letters and formal assessments and reports. These charges will be determined by the specific nature of the services requested.

Payments are to be made payable to Joseph Pereira or Outlook Associates of New England. A \$35.00 fee will be charged for any return check and further payments will need to be paid by cashier check or money order.

When you schedule an appointment you are reserving that time. A \$170.00 rescheduling fee will be charged if you do not give 24-hour notice before canceling an appointment. This payment will be required even if you paying through a third party such as an insurance/managed care company. Insurance/managed care companies cannot be charged for missed appointments.

I understand that is my responsibility to keep my account current and pay all necessary fees that are incurred separate from any third party payments.

I further understand that failure to comply with the payment agreement could result in termination of services.

Client Signature

Date

Signature of Parent/Guardian

Date

Witness

Date