

**JOSEPH PEREIRA, MSW, LICSW CAS**

**Outlook Associates of New England**

637 Massachusetts Avenue, Arlington, MA

781-643-5251

**ANGER MANAGEMENT PROGRAM  
PAYMENT AGREEMENT**

I acknowledge my referral to Joseph Pereira, LICSW, CAS/Outlook Associates of New England's Anger Management Program.

As a condition of acceptance into the Anger Management Program, I agree to pay the \$910.00 fee according to one of the options that I have chosen. The options are as follows:

Option A: 1 payment of \$925.00 at sign-up.

Option B: \$465.00 at sign-up and \$460.00 by Week 7.

Option C: \$215.00 at sign-up and 12 weekly payments of \$60.00 beginning Week 1.

Option D: \$215.00 at sign-up and 6 bi-weekly payments of \$120.00 beginning Week 2.

Option E: \_\_\_\_\_  
\_\_\_\_\_

I have read and fully understand the options. I have chosen Option\_\_\_\_\_.

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

I understand that it is my responsibility to keep my account current and pay all necessary fees that are incurred separate from any third party payments. I am aware that I will not be allowed entry into groups unless my account is current.

I further understand that failure to comply with the payment agreement, will result in termination from the program.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date