JOSEPH PEREIRA, MSW, LICSW CAS

Outlook Associates of New England

637 Massachusetts Avenue, Arlington, MA

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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