



Form Date: 2/26/2016

Financial Arrangements Form
ALL Center clients must read, complete and sign this form.

Provider Name: _____

Client Name: _____ **Client ID #:** _____

Party Financially Responsible for payment of client portion of the fees:

- Client Parent/Guardian (name): _____
- Other (give name & address of Guarantor): _____
- _____

Address for Statements. Clients will regularly be mailed statements to the address indicated below.

- Send statements to client home address (available on Client Data form or below):
- Address: _____ City: _____ State: _____ Zip _____
- Do **NOT** send statements to home address. Instead send to: If applicable, Name c/o _____
- Billing Address if not home: _____ City: _____ State: _____ Zip _____

Insurance. Sessions to be billed to an insurance company? No Yes (If yes, complete Client Insurance Form.)

Is your visit related to circumstances covered by worker's compensation insurance, auto insurance or other liability insurance policies?
 Yes No

NOTE: Payment is expected at the time of service and may be made by cash, check, or credit card. Missed appointments not cancelled at least 24 hours in advance will incur session charges.

The Women's Center reserves the right to increase fees at any time, upon advanced notice.

Payment by Cash. Payments may be made in cash to the therapist at the time of service. Receipts will be provided.

Payment by Check. Checks should be made out to The Women's Center and given to the therapist at the time of service. A return check fee of \$25 will be charged for all returned checks.

Payment by Credit Card. You must have your card present at the time of payment.

I have read and understand the financial policies of The Women's Center as stated above. I understand that payment for services is my legal obligation. In consideration of services rendered or to be rendered to the client, I accept financial responsibility and agree to pay for any and all charges and expenses incurred or to be incurred. I understand and agree that regardless of any insurance or assigned benefits and monies, I am responsible for the charges for services rendered and agree that all amounts are due upon request. I understand the Women's Center may increase fees at any time with advanced notice.

Client Signature: _____ Date _____

Signature of Guarantor if applicable: _____ Date _____

www.thewomenscenter.org

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