



**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.

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**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](http://www.thewomenscenter.org)

**In Virginia:** 133 Park Street, NE, Vienna, Virginia    **P** 703-281-2657    **F** 703-242-1454

**In Washington DC:** 1025 Vermont Avenue, NW, Suite 310, Washington, DC 20005    **P** 202-293-4580    **F** 202-293-4583