

GROUPWORKS WEST

**A LCSW CORPORATION
3685 Motor Avenue, Suite 150
Los Angeles, CA 90034**

FINANCIAL AGREEMENT

**PARTICIPATION IN MENTAL HEALTH CONSULTATION AND
SOCIALIZATION PROGRAMS AT GROUPWORKS WEST IS CONTINGENT
ON THE FOLLOWING FINANCIAL TERMS:**

1. FEES: (A) GROUPS ARE BILLED @ \$90.00 PER SIXTY MINUTE SESSION (B) 2 HOUR GROUP SESSIONS ARE BILLED AT \$75.00 PER HOUR (C) INDIVIDUAL AND PARENT CONSULTATION ARE BILLED @ \$165.00 PER 50 MINUTE SESSION (D) SCHOOL CONSULTATION IS BILLED \$90 PER HOUR -2 HOUR MINIMUM.

2. YOU ARE REQUIRED TO PROVIDE GROUPWORKS WEST WITH A VALID CREDIT CARD NUMBER. WE ACCEPT VISA AND MASTERCARD ONLY. WE WILL BILL YOUR CREDIT CARD AT THE END OF EACH MONTH OF SERVICE.

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ BILLING ZIP CODE _____

3. YOU WILL RECEIVE AN INVOICE AT THE END OF EACH MONTH THAT WILL REFLECT YOUR BALANCE. THIS INVOICE WILL INCLUDE A DIAGNOSIS CODE AND PROCEDURE CODE. YOU MAY SUBMIT THIS INVOICE FOR INSURANCE REIMBURSEMENT.

**I, _____, UNDERSTAND AND
ACCEPT THESE TERMS.**

SIGNATURE: _____

TODAY'S DATE _____