

Financial Agreement

Consumer Name:

DOB:

I, _____ (consumer, guardian) have been informed of all fees and costs associated with receiving _____ services at Triangle Wellness Counseling. I understand that I will be responsible to pay _____ (costs/or copays) and that the fee for service is due at the time of service. However, I may elect, in advance, to set up a payment plan for services.

Consumer Signature / Date

Legal Guardian Signature/Date

Staff Signature / Date