

Jean-Frederic Abouardham, M.Eng., Ph.D.

Psychologist - License # PSY 16950
(650) 224-0085

FINANCIAL AGREEMENT

I authorize Dr. Abouardham to provide psychotherapy to the person named below. I agree to pay all fees and charges (\$_____ per 45-50 min. session) for services at the time they are rendered, unless I have made alternative credit arrangements confirmed in writing with Dr. Abouardham. Charges shown by statements from Dr. Abouardham are agreed to be correct and reasonable unless contested in writing within thirty (30) days of billing date. As long as there is a balance owing on this account, I shall notify Dr. Abouardham in writing of any change in my address, name, or employment, as required by Civil Code Section 1788.2(a).

If monthly payments become overdue (unpaid), and there is no agreement on a payment plan, Dr. Abouardham can use legal means (court, collection agency, etc.) to collect fees owed. If Dr. Abouardham is compelled to commence collection efforts on any outstanding bill, then I agree to pay for attorney's fees and any costs incurred in connection with that collection effort.

I have read this agreement and agree to the conditions set forth by it. I have been provided with a copy of the agreement at the time of my signing, and agree to its provisions.

Name of Client

Signature of Client / Responsible Party

Date

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I authorize _____ (Insurance Co.), _____
(Group), _____ (Address),
() - _____ (Phone #), to pay medical benefits to Dr. Abouardham for psychotherapy
services rendered to _____ (the Client), _____ - _____ (SS#),
by Dr. Abouardham.

Insured or Authorized Person

Date