

NEW MINDFUL LIFE

3367 4th Ave San Diego, CA 92103

Financial agreement

First, Middle, Last Name: _____

Social Security Number: _____ Date Of Birth: _____

Insurance Information

Name Of Insurance Carrier: _____

Policy Number: _____ Name Of Insured: _____

Insurance Company Telephone: _____

Secondary Insurance Carrier: _____

Policy Number: _____ Name Of Insured: _____

Insurance Company Telephone: _____

Agreement

Standard Fees: Initial Assessment and/or Ongoing Treatment, per hour: \$185.00

By signing below, I agree to pay a fee of \$_____ per session to New Mindful Life for services provided. I understand that this fee is subject to change, and that any change in fee will be as mutually agreed upon. I understand that my fee is subject to periodic review, particularly if my financial situation changes and I am paying a reduced fee. I agree to pay for services at the time they are provided, or as frequently as mutually agreed upon. I agree to be responsible for any charges not covered by my health insurance.

I understand that my health insurance cannot be billed for missed appointments. I agree to pay an administrative fee of \$_____ for appointments missed without providing 24 hours notice, emergencies excepted.