

TRADEPORT COUNSELING AND MEDIATION ASSOCIATES

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**SPECIAL AGREEMENT FOR PAYMENT OF SERVICES**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to pay **Tradeport Counseling and Mediation Associates,** the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the close of each scheduled or arranged therapy session. Upon termination of therapy, I agree to pay **Tradeport Counseling and Mediation Associates**, either 1) the balance on the account; or 2) the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_per month until the account is paid in full. Accounts thirty (30) days or more past due will be assessed a finance charge of 1.5% of the unpaid balance.

I understand that this agreement is an addendum to the primary agreement for services, which I have also signed.

I have read the above agreement and understand my responsibilities as set forth in this said agreement and will abide with the said terms as stated above.

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Clinician Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_