



**Financial Agreement for Intensive Therapy with Dr. Julie**

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address for PayPal: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I understand that time-limited intensive intervention therapy (an intensive) with Dr. Julie Lopez is billed at the rates listed below. Check the box for the intensive you are most interested in:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 2-day intensive:<br>10 hours over two days<br>Cost: \$7,000 | <input type="checkbox"/> 1-day intensive:<br>5 hours in one day<br>Cost: \$3800 | <input type="checkbox"/> ½ day intensive:<br>One 2 ½ hour session<br>Cost: \$2000 |
|--|---|---|

Note: Pricing includes one pre- and one post-intensive consultation session with the primary therapist identified by the Client in the completed Primary Therapist Agreement, as well as a pre-intensive session and a post intensive debrief.

I understand that payment of the full cost as set out above is due to Dr. Julie Lopez at the time an intensive is scheduled, in the form of PayPal payment. I further understand that intensives are not covered by insurance, and I am responsible for all charges. Statements showing dates of visits, charges and payments will be provided upon request. Should legal action/collections become necessary, I understand that the collection/legal fees will be my responsibility.

I understand that there is a **\$150 non-refundable processing fee**, and that return of the remainder of my payment is possible only when cancellation is made at least **30 days in advance** of the scheduled intensive. A 50% refund, less the \$150 non-refundable fee, will be given for cancellation at least 14 days before the scheduled intensive. No refund is available for cancellation less than 14 days before the scheduled intensive, with no exceptions. I also understand that if the pre-intensive session has been conducted, \$300 will also be subtracted from any refund calculation.

As an intensive client of Dr. Julie, I acknowledge and accept full responsibility for this account and guarantee payment of all charges against this account to Dr. Julie Lopez.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness