

Awareness, LLC  
Adult, Family and Adolescent Counseling  
100 Katelyn Circle, Suite B  
Warner Robins, GA 31088  
478-953-2122

FINANCIAL AGREEMENT

The below described financial agreement being between the Patient/Guarantor,

\_\_\_\_\_, and the agreed upon Provider,

\_\_\_\_\_. The responsible party agrees to pay

the amount of \_\_\_\_\_, per session for services rendered.

Payment is to be made at the time of service, paid directly to the provider.

\_\_\_\_\_  
Patient/Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date