

Bob Goettle, MA LMHC
Noelle Mestres, MSW LICSW
7812 Lake City Way NE
Seattle, WA 98115
206-372-8400 or 425-771-7036

Financial Agreement

DBT Skills Group Tuition – 6 Months: \$2075.00 (\$2000.00 if paying by cash/check)

Client Agreement

I understand and agree to the fee amount above. I understand that I am responsible for the full tuition regardless of my group attendance. I understand that tuition is not refundable even if I decide to discontinue treatment prior to completing one year. I agree to pay the above amount by paying either \$665 or \$745 (or if paying with cash or check \$640 or \$720) at the beginning of each 8 or 9 week module respectively. I understand that I am responsible for this payment even if I plan to discontinue group unless I have informed group leaders two full weeks prior to the next module starting. *Regarding insurance; I understand that Bob and Noelle do not take or bill insurance for this service. I understand that upon request I can be provided with a statement which reflects my payment for class and can submit this to my insurance company if I choose. I further understand that Bob and Noelle will not bill my insurance even if they are contracted providers and I receive an authorization [by my plan] for this service. Finally, I understand that there will be a \$25 late fee for any module payment made after the start date of the module.

Client: _____ **Date:** _____

Therapist: _____ **Date:** _____