Financial Agreement

Client name:
Client ID Number:

Thank you for choosing The Bridges Network as your aftercare provider to assist you in the transition from treatment to recovery. We are committed to excellence in client care, and to exceeding your expectations. Please review the financial agreement information below, and as always please feel free to contact The Bridges Network with any questions or concerns.

FINANCIAL AGREEMENT: The Bridges Network is private pay only. We accept all major credit cards as well as paypal and wire transfer. The undersigned below obligates himself/herself to pay The Bridges Network in accordance with the agreed upon rates, terms and conditions as set forth below.

☐ For Private Pay $_____

☐ Terms $_____

Guarantor:_____ Relationship to Client: _____

Address:_____ City:_____ State:_____ Zip:_____

Contact Number:_____ Date:_____

Guarantor Signature:_____ Staff:_____

The Bridges Network is private pay only. All payments are due and payable in full at the time of enrollment. Payments for participation in The Bridges Network are non-refundable. No interest will accrue to current accounts. Any and all unpaid portions of account may be referred to a collection agency at thirty (30) days past due. If referred to collections, all interest and legal fees will be the responsibility of the debtor/guarantor. The undersigned agrees to abide by all of the foregoing terms.

Gurarantor:_____ Date: _____ Staff:_____

Questions related to financial concerns should be directed to Roy Thomas, C.F.O. at 1-877-552-7434.