Financial Agreement for Phase I: Recovery Group

l,	, agree to	o the following arrangement with LIfeS	ΓAR Network:	
1.	I will pay in advance my tuition of _ secure my place in group.	for the six weeks of Phase I	in order to	
2.	 I will pay by cash or check. Involving my insurance is my responsibility. I understand that LIfeSTAR Network is not contracted with any insurance companies and is considered an out-of-network provider. If an insurance check comes to LIfeSTAR as provider, it will be reimbursed. 			
3.	3. I understand that, like tuition, I am expected to pay for all groups, whether or not I am present. Extenuating circumstances will be considered on an individual basis.			
4. If I am unable to meet the above requirements, I will have to take a leave of absence from group—and possibly loose my place—until I am in compliance with the above guidelines.				
Signature of Group Member		Print Name of Group Member	Date	
Signat	ure of Group Leader			