

PARADIGM BIBLICAL COUNSELING

A Center For Biblical Soul Care

72 Clifford Street
Providence, RI 029037

401-400-2475
www.paradigmbiblicalcounseling.com

THIRD PARTY AGREEMENT

_____ agrees to provide financial assistance in order to pay a portion, or all, of the expenses charged for Biblical counseling services provided by Paradigm Biblical Counseling to the following approved client:

(Name of the Client(s))

up to _____ sessions according to the following payment schedule, beginning _____:
(Date)

Payment Schedule

Client will pay _____ per session.

Third party will pay _____ per session.

Name of third party _____

Address of third party _____

Attention: _____

Special Instructions: _____

Third-party representative signature

Date _____

Printed name of representative