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COST OF SERVICE AGREEMENT

Patient Information:

Last Name : _____ First Name : _____ Middle : _____

Cost of Service

Initial Visit: \$180

60 minute session: \$120

90 minutes session: \$180

120 minute session: \$240

Session Overage: \$30 per 15 minutes

Paperwork fees: \$15 per item excluding paper bill

Signature of Client: _____ Date: _____