



Angie Wilcox
M.A., CCC-SLP

No Surprise Financial Agreement

Teletherapy per child per 30-minute session	\$60.00
Allotment of time per session	x _____
Other	\$ _____
In-person charge within 5 miles per visit	\$10.00
In-person charge 5-10 miles per visit	\$20.00
In-person charge 10-15 miles per visit	\$30.00
Total expected charge per session	\$ _____
Sessions per week	x _____
Total expected charge per week	\$ _____

I understand the above charges and agree to pay the agreed upon amount by the last business day of each month in which services are rendered.

Parent Signature and Date

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