



Self-Pay Itemized Agreement

ABA Service Agreement & Consent Form

This document encompasses important information regarding **OTS** (*On the Spectrum*) Applied Behavior Analysis (ABA) practice policies and professional services. It is necessary to thoroughly read through the following information (as well as information from the treatment plan) and ask for clarification at any time. Upon signing this agreement, you the consumer, will adhere to an agreement between you and OTS (On the Spectrum) to provide ABA services.

Payment Agreement

The following payment agreement is outlined for the rendering of services for the client:

Services rendered will be for:

Financial Responsibility the parent/legal guardian is agreeing to:

- RBT/hr.: \$50 _____
- BCaBA/hr.: \$70 _____
- BCBA/hr.: \$100 _____

This agreement is solely in relation to the above-mentioned services rendered for the above-mentioned client. If any further services or needs are required, an additional agreement will be warranted.

Consent

By signing this agreement, I agree to pay the invoice provided upon receipt. I understand I am financially responsible for services rendered and if any additional services are needed, I understand a new agreement is required. By signing this agreement, I consent to the services offered for the intent and purposes outlined above.

Parent/Legal Guardian Signature

Date

Admin Signature

Date