



Subtotal: \$ \_\_\_\_\_  
Travel/Misc: \$ \_\_\_\_\_  
Amount Due: \$ \_\_\_\_\_

**PAYMENT INSTRUCTIONS** Check Payable to:  
Bank Name:  
Account/Routing:

**THERAPIST SIGNATURE**

\_\_\_\_\_

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Terms: Payment is due within 30 days. Thank you for your professional partnership.