

Kristan Mosley's Therapy Farm
People and Animals Working Together
Kristan Trettel Mosley OTR/L
412-523-1316
kristankay@hotmail.com

Fee Agreement

Please fill out completely.

Patient Name: _____

DOB: _____

Diagnosis: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

I agree to pay the full Initial Evaluation cost of \$200. _____initials

I agree to pay the Occupational Therapy Session fees of \$100. _____initials

Patient Signature: _____

Date: _____