



**TECHNOLOGY & LANGUAGE CENTER, INC. (TALC)**  
**TERMS AND CONDITIONS AGREEMENT**

**1. THE PARTIES TO THIS AGREEMENT ARE THE FOLLOWING:**

Technology and Language Center, Inc. (TALC)  
Attn: Jill Senner  
641 N Humphrey Ave.  
Oak Park, IL  
(847) 682-1596  
talcaac@gmail.com

Responsible Party (Client) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**2. FEES & BILLING:** The rates for in-office and outside therapy sessions are set forth below and are based upon date of payment. Rates are subject to increase on 30-day advance notification.

In-Office 45-Minute Therapy Session	Outside Office 45-Minute Therapy Session
\$150 If Payment Is Made At/Prior to Service	\$200 If Payment Is Made At/Prior to Service
\$160 If Payment Is Made After Date of Service	\$210 If Payment Is Made After Date of Service

**3. COLLECTIONS:** For accounts that are over three (3) months in arrears, the Client will be responsible for all legal and/or collection costs incurred by TALC in the pursuit of payment. These added costs include, but are not limited to, reasonable attorney's fees and court and other collection costs.

**4. RESPONSIBLE PARTY:** The Client agrees to fulfill all financial obligations hereunder. Accordingly, all billing will be provided directly to Client, and payment is to be made by Client directly to TALC. TALC is not a preferred provider for any insurance carrier, but will make a good faith effort to assist Client in obtaining reimbursement from Client's insurer, if applicable. In order to so assist Client in obtaining such reimbursement, Client must provide TALC with a signed authorization form authorizing TALC to release the TALC records relating to services rendered hereunder to Client's insurance company.

**5. CANCELLATION POLICY:** In the event a scheduled appointment is canceled or rescheduled with less than twenty-four (24) hours prior notice to TALC, the Client agrees to be responsible for a \$50.00 cancelation fee, regardless of the reason. If the Client's child presents with clear signs of illness (e.g., fever, vomiting, diarrhea, discolored eye/nose discharge, persistent cough), the child will be sent home and the Client will remain responsible for the session fee.

I hereby acknowledge receipt of this agreement, certify my understanding of the foregoing, and agree to be bound by the terms herein:

\_\_\_\_\_  
Signature of Responsible Party (Client)

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name