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ACKNOWLEDGEMENT OF RECEIPT OF FEE SCHEDULE

I, _____, ACKNOWLEDGE RECEIPT OF THE STANDARD FEE SCHEDULE AND THE FORENSIC FEE SCHEDULE, IF APPLICABLE, THAT EXPLAIN ALL FEES SET FORTH BY THE OFFICE OF DR. ILDIKO TABORI PAYABLE FOR MENTAL HEALTH AND OTHER PSYCHOLOGICAL SERVICES THAT ARE BEING PROVIDED BY THE OFFICE OF DR. ILDIKO TABORI, DR. ILDIKO TABORI OR ANY EMPLOYEE OR ASSOCIATE OF THE OFFICE OF DR. ILDIKO TABORI.

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