



*Georgia Transplant Foundation*

Enriching Lives Everyday

**Tutoring Assistance Program  
Provider Agreement Form**

I have reviewed the attached fee schedule. I agree to provide services to the following transplant client

\_\_\_\_\_ for \$40 per hour in accordance to the GTF fee schedule or for my routine cost, which ever cost is less. This will cover services in full and the family will not be billed additionally for tutoring services contracted herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Tutoring Center Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Billing Manager - to handle billing and payment

\_\_\_\_\_  
Email Contact

Give this signed form to the client to send to GTF for review along with their application and treatment plan. **All tutoring must be pre-approved and you will be notified by GTF of such approval.**