



SADDLEBACK PEDIATRIC  
THERAPY SERVICES

## **AGREEMENT FOR SERVICES**

THIS AGREEMENT IS MADE this \_\_\_\_ day of \_\_\_\_\_, 200\_\_ between SADDLEBACK PEDIATRIC THERAPY SERVICES, hereafter called "Provider," and the party requesting it's services, \_\_\_\_\_, hereafter called "Participant."

### **1. PARTICIPANT'S APPLICATION INFORMATION:**

Participant represents as follows:

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

TELEPHONE NUMBERS FOR:

Email Address: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DISCLOSURE OF ANY PHYSICAL AND/OR MENTAL CONDITIONS OF THE PERSON TO RECEIVE SERVICES THAT PROVIDER SHOULD BE AWARE OF PRIOR TO RENDERING SERVICES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. PAYMENT SCHEDULE:**

We bill all OT appointments for each month on the last appointment of that month and all Group sessions at the first appointment of the month. Evaluations and one time appointments are billed at the time of that appointment. **Payment is required on the date of billing.** Participant understands if payment is not received by Provider at time of billing, Participant agrees to have credit card listed below charged in full for services rendered. Participant further understands that health insurance policies and reimbursements are between the Participant and the Participant's health insurance company. All services rendered to the child are charged to the Participant directly. The Participant is personally responsible for on time payment to Provider.

**Credit Card Information:**

Name on Credit Card: \_\_\_\_\_

Credit Card Type (please circle):    VISA                                    MASTERCARD

Credit Card Number: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Credit Card Billing City/State/Zip: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

**3. ADDITIONAL TERMS AND CONDITIONS:**

A. All appointments will be charged and paid for unless Participant cancels at least 24 hours before appointment time. For further explanation, please see "Cancellation Policy."

B. Each session has a 50 minute time duration, subject to agreement in advance for less or more time, in which case fee adjustment will be made as appropriate based on the session rate for 50 minutes.

C. In the event of a dispute between the parties arising out of this Agreement that the parties are unable to resolve, the said dispute shall be submitted for binding arbitration to an appropriate service in Orange County, California to be selected by Provider. Each party shall bear ½ the arbitration fees as due prior to arbitration. The arbitration fees, however, as well as reasonable attorney's fees and costs, at the discretion of the arbitrator, may be awarded to the prevailing party. In the event litigation is necessary to enforce the arbitrator's award, the Court may award attorney's fees and suit costs as appropriate to enforce the award of the arbitrator.

D. This Agreement may be terminated by either party forthwith on written notice to the other.

E. Any and all modifications of this Agreement must be in writing signed by both parties to have any legal force and/or effect.

WE EACH HAVE CAREFULLY READ AND UNDERSTAND the terms and conditions of this Agreement and agree to the same as of the date set forth hereinabove.

SADDLEBACK PEDIATRIC THERAPY SERVICES

BY: \_\_\_\_\_

SUSAN ZWILLING PERRINE,  
OWNER/PROVIDER

PARTICIPANT:

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_