

CASH DISCOUNT PAYMENT AGREEMENT

Client Name: _____ Birth Date: _____

This agreement is made and entered into on ____ / ____ / ____ . This agreement is a contract between you and Courage Center. Courage Center agrees to provide health care and other related services, and as Financial Guarantor, I/We agree to pay the Courage cash discounted fees for services. I understand that by accepting the discounted fees, I am required to pay prior to or at time of service and I waive my rights to have claims filed to my insurance carrier. Please indicate service(s) applicable.

_____ **Physical and/or _____ Occupational Therapy Evaluation \$200**

_____ **Physical Therapy (Land and Pool) and/or Occupational Therapy**

\$185 per 60 minute appointment _____ PT _____ OT

\$139 per 45 minute appointment _____ PT _____ OT

\$ 93 per 30 minute appointment _____ PT _____ OT

_____ **Speech Evaluation \$225**

_____ **Speech Therapy**

\$167 per 60 minute appointment _____

\$125 per 45 minute appointment _____

\$ 83 per 30 minute appointment _____

_____ **Functional Capacity Evaluation**

1 Day \$1,024 _____

2 Day \$1,536 _____

Psychotherapy, Neuropsychological Testing, CRP

_____ **Initial Assessment, \$175**

_____ **Individual Psychotherapy, \$120 per session (average 45-50 minutes)**

_____ **Group Psychotherapy, \$50 per session (average 45-50 minutes)**

_____ **Neuropsychological Testing, \$1,440 (average 8 hours)**

_____ **Community Reintegration Program, \$208 per day (average 4 hrs/day)**

Please contact Patient Account Services at 763-520-0290 with any questions regarding payment.

This agreement may be terminated by mutual consent at any time. The client and/or person/persons financially responsible must notify Courage Center of their intent to terminate this agreement by providing fourteen (14) days written notice. Courage Center may terminate this agreement for any reason permitted by law upon written notice as permitted by law. Termination by either party does not relieve the client, financial guarantor or Courage Center of the obligations agreed to before the termination date.

Client, Guarantor, Guardian, Trustee

Date

(Relationship to client, if signature is other than client.)