

Rehab Resources, Inc.

COMMUNITY OUTREACH PROGRAM REGISTRATION AGREEMENT

To bridge the gap between outpatient therapy and the community RRI offers families several outreach programs. These unique programs are developed and implemented by pediatric therapists at affordable rates so that many families may participate. Registration fees are not billed to any third party pay sources. Payment is required at registration. Private sessions are payable on the date of service. **Registration fees are non refundable.** A refund for unattended sessions will be provided in the event that any child registered for a group program is determined by RRI unable to effectively participate within the group.

Facility: _____ **Date of Registration:** _____
Participant's Name: _____ **DOB:** _____
Parent/ Guardian Name: _____
Address: _____

Phone: _____
Emergency Contact: _____ **Phone:** _____

Group Program Registration:

Program: _____ **billing code:** _____
Start date: _____
Number of Sessions: _____ **End Date:** _____
Registration Fee: _____

Private Session Agreement:

Start date: _____ **billing code:** _____
Number of Sessions: _____ **End Date:** _____
Charge per private session: _____
Therapist: _____ **OT** ___ **PT** ___ **ST** ___

Payment is due upon service.

Your signature indicates that you agree with the provisions of the payment. This agreement can be renewed at the end of the authorized period.

Signature **Relationship** **Date**