

THE NATIONAL CENTER FOR EQUINE FACILITATED THERAPY
880 Runnymede Road, Woodside, CA 94062 (650) 851-2271 / fax (650) 851-3480

Fee Agreement

Please fill out completely.

Patient Name: _____ DOB _____ Diagnosis _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I agree to pay the full initial therapy evaluation cost of \$240.00 _____initials

I agree to pay the Session Fees _____initials

OR

I would like to request financial aid and have provided information below _____initials

Financial Assistance

Fee Structure

Initial Evaluation Cost = \$240.00

Re-evaluation (OT, PT, Speech) = \$115

Physical, Occupational or Speech Therapy (on horse or in clinic) = \$65 for each 15 minute CPT unit
(for example: \$130 per 30 minute session; \$195 per 45 minute session)

Adaptive Riding per 30 minute (Individual) = \$75 per

Adaptive Riding per 30 minute (Group) = \$65 per

Cancellation with less than 24 hour notice: subject to charge up to 50% of session fee

Financial Aid is available for those who qualify upon request. In order to be able to evaluate individual situations, NCEFT requires as much information as possible.

Please indicate the gross family income from all sources _____ (Attach pages 1 and 2 of your most recent federal income tax return). By signing below you warrant the information on the attached tax return document to be true and correct, under penalty of perjury. NCEFT has the right to collect any monies for any services, paid on behalf of the above named, should it be found those services were obtained under false information or pretenses.

Please indicate the number of people in your household/family _____

Name of Insurance Company _____

Will you be submitting for reimbursement? Yes _____ No _____

Signature of Patient or Legal Guardian: _____ Dated: _____