



Pediatric Therapy Services, Inc.
Making a difference . . . one child at a time.

150 St. Andrews Ct. | Suite 310 | Mankato, MN 56001
Phone: 507-388-KIDS (5437) | Fax: 507-388-2108
www.kidtherapy.com | Email: ptskids@kidtherapy.com

AGREEMENT

This agreement made in Mankato, MN by and between Pediatric Therapy Services, Inc. at 150 St Andrews Court, Suite 310, Mankato, MN 56001 (hereinafter referred to as "Provider") and Southern Plains Special Education Cooperative (herein after referred to as "Agency") for physical therapy services in the Southern Plains Special Education Cooperative.

WHEREAS, Pediatric Therapy Services, Inc. is in agreement to provide physical therapy services or consultation with a physical therapist licensed by the state of Minnesota State Board of Medical Examiners.

NOW THEREFORE BE IT AGREED:

1. The right and obligations of both parties are hereinafter set forth and shall be amended or modified only in writing.
2. The Agency agrees to:
 - a. Make available to Provider all records: Information relevant to the client for the purpose of services being provided.
 - b. Provide Pediatric Therapy Services with notice as to when services are desired at least ten days in advance.
3. Pediatric Therapy Services agrees to:
 - a. Provide therapy services in the categories of client education, client care plan, teaching, supervision, consultation, and direct client care for up to 700 hours per fiscal year effective September 1, 2017.
 - b. Provide therapy services to clients in accordance with written individual educational plans established with the agency.
 - c. Maintain records and reports in accordance with the policies of the Agency. This will include Initial and periodic evaluation, IEP and IFSP documentation, and records of treatment rendered as well as documentation required for third party billing.
4. Compensation:
 - a. The Agency should reimburse Provider for therapy services pursuant to this Agreement at the rate of \$ 70.00 per hour. Provider should provide the Agency with a statement of service and amount due at the end of each month.

5. Term and Termination:

a. This Agreement is entered into beginning September 1, 2017 and continuing on an annual basis unless terminated or revised by giving notice to the other at least 60 days in advance of the termination or revision.

6. Liability Insurance:

a. Provider must carry own professional liability insurance.

7. Nondiscrimination:

a. It is the policy of Pediatric Therapy Services, Inc to accept any referral without regard to race, color, national origin, disability, or age.

IN WITNESS HEREOF, the parties have hereunto affixed the signatures as of the day, month, and year first written below.

PEDIATRIC THERAPY SERVICES, INC.

Nancy D. Dobson, PT

Nancy D. Dobson, PT
Owner

7/20/2017

Date

SOUTHERN PLAINS COOPERATIVE

Agency

Date