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**Fee Agreement**

Please fill out completely.

**Patient Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Diagnosis** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I agree to pay the full initial Assessment cost (see list under Fee Structure) \_\_\_\_\_ initials

I agree to pay the Therapeutic Driving, Therapeutic Riding and Hippotherapy Lesson Fees \_\_\_\_\_ initials

OR

I would like to request financial aid and have provided information below \_\_\_\_\_ initials

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**Fee Structure**

Therapeutic Riding Initial Assessment Cost = \$45.00; Therapeutic Riding Cost = \$45.00  
Therapeutic Driving Initial Assessment Cost = \$50.00; Therapeutic Riding Cost = \$50.00  
Hippotherapy Initial Assessment Cost = \$90.00; Hippotherapy Lesson Cost = \$90.00  
Lessons are one half hour in length.

The above therapy costs are tentative costs and depend on the CPT codes selected by the treating therapist.

Financial Aid is available for those who qualify upon request. Scholarships may be applied to lessons with Patient paying a minimum of \$25.00. Scholarships can not be applied to Assessments. In order to be able to evaluate individual situations Access Adventure requires as much information as possible.

Please indicate the gross family income from all sources \_\_\_\_\_ (Attach the top page of a recent income tax return)

Please indicate the number of people in your household/family \_\_\_\_\_

Are there extenuating circumstances that we should know about? Please list other therapy & costs incurred for additional interventions.

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Name of Insurance Company \_\_\_\_\_

Will you be submitting for reimbursement? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note Aetna and Blue Cross of CA will not reimburse if hippotherapy is included in the treatment strategy.

**Signature of Patient or Legal Guardian:** \_\_\_\_\_ **Dated:** \_\_\_\_\_