

BIRTH TO 3 PROGRAM SERVICE AGREEMENT

This agreement made this 5th day of April, 2016, by and between REHAB RESOURCES, INC. (hereinafter referred to as "PROVIDER"), whose business address is 1223 Madison Street, Beaver Dam, Wisconsin 53916 and RACINE COUNTY HUMAN SERVICES DEPARTMENT (hereinafter referred to as "PURCHASER"), whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403.

Provider agrees to provide Birth to 3 Program services to include Physical Therapy, Occupational Therapy and Speech Therapy for Shanterria McClain, dob 2/16/2015, as outlined in said child's IFSP.

Provider will bill Medicaid for the Physical Therapy, Occupational Therapy and Speech Therapy services. Purchaser will not be held responsible for those costs.

Purchaser agrees to pay the following services which are not billable to Medicaid:

- Travel time: \$20 per 15-minute unit
- IFSP meeting: \$15 per 15-minute unit
- No-show for a scheduled visit: \$40

Purchaser will remain responsible for providing all service coordination through the Birth to 3 Program.


Provider shall submit all bills due by the 10th day following the close of the month. Billings received by the 10th day shall be reimbursed within 15 business days.

All 2016 Provider billings must be received by the Purchaser on or before January 20, 2017, or in the case of termination of contract during the contract period, 20 days after effective date of termination.

Purchaser shall not be held financially liable for any payment for service received from Provider if the billing for such service is received 90 days or more from the date of the service provided to the respective client.

The term of this agreement will begin on April 5, 2016. This agreement may be terminated by either party for any reason, upon a 10-day written notice to the other party, or upon the child's completion in the Birth to 3 Program.

By signature of the parties on this Service Agreement, it is agreed to comply with all terms and conditions as specified within the Agreement.

 5/16/2016
Signature of Provider Date

Signature of Purchaser Date

JAN STEVENS
Printed Name

Printed Name

ADMINISTRATOR
Title

Title


Wendy M. Christensen
Racine County Clerk 4/14/16

REVIEWED BY FINANCE DIRECTOR

Date 6.13.16
Certified to be correct as to form

 6-7-16
Sign Date

By 
Racine County Corporation Counsel


JONATHAN DELAGRAVE
RACINE COUNTY EXECUTIVE