

PT CONTRACT

This Contract for providing Physical Therapy Services is made and is agreed between the Milpitas School Unified District and Tiny Infant To Adult Therapies 1667 South Main Street, Milpitas, CA 95035 (Consultant - Prajakta Chitre MPT). This contract will start on April 25th 2017.

For and in consideration of the mutual promises set forth in this Contract, the parties do mutually agree as follows:

1. **Obligations of PT Consultant.** The PT Consultant hereby agrees to provide **physical therapy services for school age students** as follows:
 - 1.1 To provide direct physical therapy services, based on the individual student's evaluation results and the planned intervention goals on the individual education plan (IEP).
 - 1.2 To provide consultative physical therapy services, based on the individual student's evaluation results and the planned intervention goals on the IEP.
 - 1.3 To complete observations, screenings and evaluations of referred students and written reports as required by established procedures.
 - 1.4 To develop IEPs for students for the **2016-2018 school years**, based on students' identified needs for physical therapy.
 - 1.5 To attend all parent conferences, team meetings, Individual Education Plan conferences, and other student related meetings as needed to explain evaluation results, therapy services, and to develop IEPs.
 - 1.6 To sign in/out at each site upon arrival and departure.
 - 1.7 To maintain documentation of services provided and outcome using the MUSD IEP data management system and /or professional notes.
 - 1.8 To provide documentation of professional liability insurance coverage, W-9, PT license and other professional documentation required by the school district.
2. **Terms and Methods of Payment.** The PT Contractor will submit an invoice for services within 10 days of the close of the month in which services were provided. Invoices should be sent to the Project Coordinator for review and approval. Invoices must have an invoice number and dates of service. Payment is to be made within thirty (30) calendar days of the receipt of payment request. Invoices will be emailed to the district unless otherwise agreed by both parties.

IN WITNESS WHEREOF, the PT Contractor and the Milpitas School District have executed this Contract on the day and year first written above.

1. Consultant/Corporation Name: Prajakta Chitre / Tiny Infant To Adult Therapies

By: 

DATE: 7.1.2017

Its: Prajakta Chitre MPT Physical Therapist

License # 30011

Director/Owner

PT License number

2. Milpitas Unified District

Project Coordinator / Special Education Director

Signature _____

Date: _____

NAME _____



Tiny Infant To Adult Therapies

Physical therapy...Wellness...Fitness

1667 South Main Street, Milpitas, CA 95035

Phone: Off (408) 945 8002;

Fax: (408) 945 8004

E-mail: support@titatherapies.com

FEE SCHEDULE FOR SERVICE - PT CONTRACT SCHOOL BASED PHYSICAL THERAPY SERVICES 2016-2018

NAME OF STUDENT _____

Please Check all services requested for the child within the period of the contract as stated.

SCHOOL BASED PHYSICAL THERAPY EVALUATIONS

INITIAL/FULL with Comprehensive PT Report \$ 480 ____

RE EVALUATION annual/Triennial \$ 360 ____

PROGRESS/UPDATE REPORTS \$ 120 ____

IEP MEETINGS \$ 120 /hr ____

DIRECT PT SERVICES **RATE** **TOTAL TIME**

One Time PT Consult (1 Visit Authorised) \$ 168 / hr ____Hrs

Workshop/Training Fee \$ 168 / hr ____Hrs

ONGOING PT VISITS **RATE** **FREQUENCY in IEP (circle as needed)**

30 minute session \$ 84 ____ Bi WKLY / WKLY / MONTHLY

45 minute session \$ 126 ____ Bi WKLY / WKLY / MONTHLY

60 minute session \$ 168 ____ Bi WKLY / WKLY / MONTHLY

Please input as required

1. NUMBER OF TOTAL MINUTES _____ OR

2. START DATE _____ END DATE _____

AUTHORISED BY: _____

SIGNATURE: _____ DATE: _____

PLEASE COMPLETE THE ABOVE and FAX to 408 945 8004 or EMAIL to support@titatherapies.com