

**RICKARD REHABILITATION SERVICES, INC.**

**Business Office:**  
500 Eastbrook Rd.  
Ridgewood, NJ 07450

(201) 670-0864 FAX (201) 445-0256

**Clinic:**  
168 Franklin Tpk, Suite 100  
Waldwick, NJ 07463

*Caroline Lee-Rickard, PT*  
Director

*Helping Children Help Themselves*

**CONTRACT**

**Provider: Rickard Rehabilitation Services, Inc.**

Address: 500 Eastbrook Rd.  
Ridgewood, NJ 07450  
Federal ID# 22-2818550

**Provider Agreement between Rickard Rehabilitation Services, Inc. and Franklin Lakes Board of Education**, 490 Pulis Avenue, Franklin Lakes, NJ 07417.

Contract term: **July 2015 – June 2016**

Type of service: **Occupational Therapy** for student(s) at the designated facility(ies) set forth in Attachment A.

Fees per evaluation and per session are also set forth in Attachment A. A session includes a minimum of 30 minutes individual therapy and may include integration/infusion of therapeutic program into school program, staff training, and consultation with team, parents, staff and physician. Annual review/Instructional Guide (IG) reports and meetings are billed as a session. Absences, and program conflicts will be billed and an attempt will be made to make up the sessions. There will be no added fees for travel time between schools, progress reports, daily notes, or therapist time spent setting up/taking down therapy equipment.

Progress reports will be sent to the Child Study Team and parents unless otherwise requested.

The Provider guarantees that all therapists assigned to perform occupational therapy will have current licenses, educational certification and malpractice insurance coverage throughout the period of this contract.

The Provider shall submit a monthly payment voucher not to exceed the cumulative amount of services prescribed as set forth in the IEP of each student in Attachment A. Payment is due within 30 days of billing.

The Sending District shall give 15 days notification of Annual Review/IEP/IG meetings to Provider.

By: *Bob Rickard*  
(signature)

Title: Manager

Provider: Rickard Rehabilitation Services, Inc.

Date: 4/14/15

By: \_\_\_\_\_  
(signature)

Title: \_\_\_\_\_

Sending District: Franklin Lakes Board of Education

Date: \_\_\_\_\_

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**ATTACHMENT A**

To Contract with Franklin Lakes Board of Education for 2015-2016 school year.

**OCCUPATIONAL THERAPY FEE SCHEDULE:** \$365.00 per Evaluation, \$65.00 per Session.

**FACILITY:** Forum School

Hu, Jayden

**FACILITY:**

**FACILITY:**