

**FINANCIAL AGREEMENT
THIRD PARTY PAYOR**

It is here by agreed that _____, as a third party payor, shall accept the full financial responsibility to the Neuro Institute, Inc. (ANI@) for any and all costs, fees, expenses related to the evaluation and rehabilitative services that NI renders on the behalf of _____.

_____ further agrees to remit payment to NI in the form of cash, check, money order, or by a credit card at the time NI performs the initial evaluation(s) of _____. With regard to rehabilitative services:

- _____ a) _____ understands that it will receive a statement for rehabilitative services on the Monday following the initial date of service (the ABilled Services@);
- _____ b) _____ agrees to remit payment to NI for the Billed Services no later than four (4) business days following its receipt of the statement indicating the amount due;
- _____ c) _____ understands that its failure to render payment in full for the billed services, either prior to or on the fourth (4th) day following the receipt of such bill, may result in NI immediately suspending further services at its sole discretion and without notice;
- _____ d) _____ understands that NI in its sole discretion may suspend services until all amounts due and owing, including charges associated with services that have been rendered but have not yet been billed, are paid in full.
- _____ e) _____ agrees that it must pay all amounts outstanding and due in the form of cash, check, money order, or by a credit card. _____ further agrees that the failure to remit timely payment in the correct form shall result in the accrual of interest against all outstanding amounts in an annual amount of fourteen percent (14%).

_____ *hereby waives any claim, defense, or other protection for the non-payment of any evaluation(s) or rehabilitative service(s) rendered by NI for the benefit of _____ that might otherwise be available to it pursuant to ARS 36-2948 and other related or applicable Arizona Revised Statutes.*

NO ALTERATIONS TO THE TERMS AND CONDITIONS OF THIS AGREEMENT SHALL BE APPLICABLE UNLESS FORMALIZED IN A SEPARATE WRITTEN AGREEMENT MODIFYING SUCH TERMS AND CONDITIONS AND SIGNED BY EACH OF THE RESPECTIVE PARTIES. THIS APPLIES TO ALL ORAL AGREEMENTS OR OTHER AGREEMENTS ENTERED INTO PRIOR TO, OR AFTER THE DATE OF, THIS AGREEMENT.

Signatures on Following Page

Signatures to Attached Third Party Payor Agreement

Printed Name of Third Party Payor

Printed Name of Trustee

Trustee Signature

Date

Printed Name of Trustee

Trustee Signature

Date

Printed Name of Trustee

Trustee Signature

Date