



Athletic & Rehabilitation Center

Overland Park/ Sports Performance Academy

www.arckc.com



ARC PERFORMANCE PAYMENT POLICY

All ARC Performance Programs are prepay and month to month. Payment is due at the time services are rendered. If payment cannot be made at the beginning of each month, we request that an "Automatic Payment Authorization" form be completed. This will enable us to automatically withdraw payments monthly from your credit/debit card account (Visa, MasterCard, Discover or American Express) for any outstanding balances due.

Athletic Profile: Athletic Profiles are performed on all athletes to determine potential for injury and strength abilities. Visit time varies. Cost is \$40. If an athlete enrolls in one of the following program options then the fee for the first visit of the selected program is waived.

Program options are as follows:

- 4 visits: each visit is 75 minutes @ \$40 per visit. Total cost = \$160
- 8 visits: each visit is 75 minutes @ \$40 per visit. Total cost = \$320
- 12 visits: each visit is 75 minutes @ \$40 per visit. Total cost = \$480
- 16 visits: each visit is 75 minutes @ \$40 per visit. Total cost = \$640

Refund Policy:

- 4 visit programs: Full Refund of unused visits if only 1 visit has been used
50% refund of unused visits if 2 visits have been used
No refund if more than 2 visits have been used
- 8 visit programs: Full Refund of unused visits if less than 2 visits have been used
50% refund of unused visits if 3-4 visits have been used
No refund if 5 or more visits have been used
- 12 visit programs: Full Refund of unused visits if less than 3 visits have been used
50% refund of unused visits if 4-6 visits have been used
No refund if 7 or more visits have been used
- 16 visit programs: Full Refund of unused visits if less than 4 visits have been used
50% refund of unused visits if 5-9 visits have been used
No refund if 10 or more visits have been used

Unless other **written** arrangements have been made, services cannot be performed until they have either been paid for at the beginning of each session, the beginning of the month or the "Automatic Payment Authorization" form has been completed and signed.

ACKNOWLEDGEMENT

I have read and understand the above payment policy:

X

Signature of Responsible Party

Date

Printed Name

Patient/Client Name