

Agreement of Payment for Residential Treatment



I, _____ agree to pay Top of the World Ranch Ltd. For the full cost of residential treatment for _____ .

(Name of client)

30 day program ___ Cost \$13,950.00cdn + 12% HST tax
45 day program ___ Cost \$17,950.00cdn + 12% HST tax
90 day program ___ Cost \$31,999.00cdn + 12% HST tax
Other ___ Cost \$ _____

All funds are in Canadian dollars

A \$2000 non-refundable deposit is required to secure your space and treatment date. The remainder of payment is due upon arrival and is non-refundable.

The only exceptions are as follows;

- a. When a medical discharge; initiated by Top of the World Ranch Treatment Centre staff for previously disclosed ailments, is determined to be necessary.
- b. For medical discharge initiated by a medical physician concerning an ailment(s) not previously known to the client or treatment centre staff.

*When a medical discharge as described above (a & b) takes place; the payee will receive a 50% prorated refund for the remainder of their planned stay with us, beginning upon the day following the date of discharge. This refund is not inclusive of the client deposit. This refund is not inclusive of client discharge for any other cause.

PAYMENT

I further agree to reimburse Top of the World Ranch Ltd. For additional costs incurred during treatment (i.e. doctors visits, prescriptions, massage therapy, Reiki, etc.). Top of the World Ranch does not monitor client use of services. It is the responsibility of the Client and the Payee to establish financial limits. Payment for additional fees is due prior to client discharge. Credit card info listed below will be used for this purpose. Top of the World Ranch will notify the appropriate individual who is paying for the clients stay in the case of an early discharge.

Payer's Signature: _____

Payer's Name (please print) _____

Payment Information

Form of payment; ___ VISA ___ MC ___ Cheque ___ Money Order

Credit Card # _____ Expiry Date (mm / yyyy) _____

Name on Card (please print) _____

Payers Signature; _____ Date _____

THIS DOCUMENT MUST BE COMPLETED AND FAXED 24 HOURS PRIOR TO ADMISSION. PLEASE FAX COMPLETED FORM TO **250.426.6377**.