

Medical Service Agreement for Rehabilitation Services

Date: [Insert Date]

Between:

[Provider's Name]

[Provider's Address]

[Provider's Phone Number]

And

[Patient's Name]

[Patient's Address]

[Patient's Phone Number]

1. Purpose

This Agreement outlines the terms and conditions under which rehabilitation services will be provided to the Patient.

2. Services Provided

The Provider agrees to provide the following services:

- Initial assessment and evaluation
- Individualized treatment planning
- Ongoing therapy sessions
- Progress monitoring and reporting

3. Payment Terms

The Patient agrees to pay the Provider [insert payment amount] for the services rendered, payable [insert payment schedule].

4. Duration

This Agreement will commence on [start date] and will continue until [end date], unless terminated earlier in accordance with the terms herein.

5. Termination

Either party may terminate this Agreement by giving [insert number] days written notice to the other party.

6. Confidentiality

Both parties agree to maintain the confidentiality of the Patient's medical information in accordance with applicable laws.

7. Governing Law

This Agreement shall be governed by the laws of [insert state/country].

Signatures

[Provider's Name] - Provider

[Patient's Name] - Patient