

PROFESSIONAL SERVICES AGREEMENT

PATIENT TRANSPORT

THIS AGREEMENT between RECOVERY IN ACTION, L.L.C. (“PROVIDER”) and _____ (“CLIENT”) relates to PROVIDER’s provision of professional services to the IDENTIFIED PERSON.

The IDENTIFIED PERSON is a person who has agreed or decided to participate in a treatment program and the parties recognize that it is in the IDENTIFIED PERSON’s best interest to secure PROVIDER’s services to assist and facilitate in the IDENTIFIED PERSON’s travel to the treatment program.

PROVIDER . . .

- (1) Will cooperate with CLIENT in planning and scheduling the travel with the IDENTIFIED PERSON.
- (2) Subject to forces beyond the PROVIDER’s control, arrive at an agreed-upon location at an agreed-upon time, and accompany the IDENTIFIED PERSON to the agreed-upon destination (which may be as determined by the treatment program).
- (3) As indicated by the circumstances and in the PROVIDER’s sole discretion, provide consultation and assistance to the IDENTIFIED PERSON as indicated by the situation and the IDENTIFIED PERSON’s condition,

CLIENT . . .

- (1) Will pay in advance PROVIDER’s fee which is \$_____ per day.
- (2) Will endeavor to cooperate with PROVIDER and follow PROVIDER’s directives relating to his professional services and arrange for and pay in advance for IDENTIFIED PERSON’s travel.
- (3) Agrees and will arrange in advance to pay the travel, lodging and other reasonable expenses necessarily incurred by PROVIDER.
- (4) Will hold PROVIDER and its employees, agents, and contractors harmless, and will indemnify and defend PROVIDER and its employees, agents, and contractors from any possible claims, damages or causes of action relating to this Agreement and the services and activities undertaken, or not undertaken, pursuant to this Agreement, and for any failure to perform caused by forces beyond PROVIDER’s control, including, but not limited to, weather, travel interruptions and conflicting prior commitments.

CLIENT

RECOVERY IN ACTION, L.L.C.

 Address: _____

 (____) ____ - ____
 Email: _____

 Justin C. Diehl, LADC
 1043 Grand Avenue, No. 133
 St. Paul, Minnesota 55105
 (651) 336-9256
 Email: justin@recoveryinaction.net

Date: _____

Date: _____

RECOVERY IN ACTION, L.L.C. is hereby authorized to charge the fees and reimbursable expenses set forth above to my [Type of Credit Card] _____ account. As the credit card holder, I also authorize PROVIDER to charge to this account other future expenses which may be incurred as provided in our Agreement.

Account Number: _____
 Expiration Date: _____
 Verification Number: _____

 Signature Date

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