

ADDENDUM TO  
THERAPY SERVICES AGREEMENT

This addendum (“Addendum”) to the Therapy Services Agreement (“Agreement”) between K12 Virtual Schools L.L.C. (“K12”) and [PROVIDER NAME] (“Provider”) with an effective date of [EFFECTIVE DATE] shall become effective on the date that it bears the signature of both Parties.

For the consideration provided herein, the Parties hereby agree to the following:

1. **Applicability of Agreement.** All terms, conditions, and definitions of the Agreement shall be applicable to this Addendum, unless otherwise defined herein. This Addendum shall control in the event of any conflicts or inconsistencies between it and the Agreement. This Addendum is terminated effective upon the conditions listed in the Agreement or the date on which K12 is no longer contractually obligated to provide special education services for the School. K12 may terminate this Addendum upon a 30 day written notice to Provider.
2. **Applicability.** This Addendum pertains to the School known as [SCHOOL NAME] ([SCHOOL ABBREVIATION]) (“School”) and is located in the state or commonwealth of [STATE]. This Addendum supersedes all previous addenda to the Agreement pertaining to the School.
3. **Invoices.** Invoices and supporting documentation will be entered into the online Related Service Manager system, where they will be verified by the school and sent to Accounts Payable on the provider’s behalf.

K12 is not obligated to pay for services that are in invoices that K12 receives more than six (6) months after the service date or more than two months after the end of K12’s fiscal year (which ends on June 30), whichever is earlier.

4. **Rates and Charges.**

All services that are based on hourly rates shall be billed in increments of 1 minute.

**Direct Therapy Services:** “Direct Therapy Services” are those Therapy Services that a therapist of the Provider provides while directly interacting with a student of the School, either in-person face-to-face (“F2F”) or online.

**Indirect Therapy Services:** “Indirect Therapy Services” are those Therapy Services that are provided by the Provider while not directly interacting with a student of the School. All Indirect Therapy Services must be identified in the chart below, follow limitations and required pre-approvals, and be supported by the submission of appropriate documentation.

Service name	Service Delivery Type	Service Rate	Service Rate Type	No Show / Late Cancellation rate:	Limitations or Required Pre-Approvals
Meeting Attendance					regardless of if it is associated with an

					ongoing service referral or not
Records Reviews					
Consultations					
Mileage/Travel		Federal mileage rate			Starting and end points must be provided, and rates will be paid for the most direct travel route. One-time travel fees (parking, toll, etc.) must be approved in writing by the school administration prior to travel occurring.

**No-Shows/Cancellations:**

Provider may invoice K12 for No-Shows and cancellations subject to all requirements of this paragraph. A “No-Show” is a therapy session or evaluation that is missed by the student with no prior communication of cancellation by the student, family, K12 or School. No-Shows can only be invoiced if the therapy session had been previously scheduled and the Provider provides K12 with sufficient documentation to show that the family was notified of the session at least 48 hours in advance of the scheduled time. If a family cancels a scheduled therapy session or evaluation within 24 hours of the scheduled session, the Provider may invoice K12. If a family cancels a scheduled therapy session or evaluation at least 24 hours in advance of the scheduled session, the Provider shall not invoice K12.

**Individualized Education Plan (“IEP”) Meeting Cancellations:** Provider may invoice K12 for IEP Meeting No-Shows and cancellations that occur less than 24 hours before the scheduled meeting time at the rates given in the chart above.

**Service Cancellations:**

No-Shows and cancellations for Therapy Services will be billable at the rates given in the chart above.

**Evaluation Cancellations:**

No-Shows and cancellations for evaluations will be billable at the rates given in the chart above.

IN WITNESS WHEREOF, the Parties hereto have signed this Addendum as of the day and year last written below.

**K12**

By: \_\_\_\_\_

Name and Title: Kevin Chavous, President

Date: \_\_\_\_\_

**Provider**

By: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

For Review Only