Provider agrees to accept the following rates as payment in full for services provided:

I. **Home Health:** For payment in full for the charges related to the certain procedures described below, Provider will be reimbursed at the following rates:

Service	Reimbursement
Skilled Nursing Care	\$103.85
Physical Therapy	\$109.95
Speech Therapy	\$119.74
Occupational Therapy	\$119.74
Medical Social Services	\$152.72
Home Health Aide	\$54.90

In addition to the skilled nursing care rate listed above, an additional \$7.63 per visit will be added to cover the cost of medical supplies. The claim form must specify if any and what medical supplies were utilized.

II. **Private Duty:** For payment in full for the charges related to the certain procedures described below, Provider will be reimbursed at the following hourly rates:

Service	Reimbursement
Skilled Nursing Care, RN	\$47.47
Skilled Nursing Care, LPN	\$40.02
Certified Nurse Assistant	\$22.27
Sitter	\$14.85