



Tuition Agreement

Exhibit A

The undersigned Sponsor agrees to pay Aurora Center For Healing under the terms of this Tuition Financial Agreement. Any capitalized terms not defined in this Tuition Financial Agreement shall have the meaning given to them in the Aurora Center For Healing Enrollment Agreement.

1. Enrollment Fee. One-time fee of \$1,000.00 ("Enrollment Fee"). Waived per McKaye Treanor.
2. Program Fees. Unless otherwise provided in this Tuition Financial Agreement, the cost of tuition program fees is \$1,000.00 per day. Tuition begins on the first day of the Student's arrival, the Admittance Date, and ends on the Student's graduation date, the Discharge Date. The Sponsor agrees to pay the regular daily rate while the student is on leave for a home pass or other similar absence. Insurance or third-party payer rates are at the tuition cost listed above. In some limited cases, Aurora Center for Healing may, in its sole discretion, charge a program fee rate for self-pay Sponsors of \$525.00 per day. If Aurora Center For Healing agrees to extend the charity rate to a Sponsor, the charity rate shall only apply if the Sponsor pays the discounted fee from its own funds and not from the funds of a third-party payer or insurance provider. If a Student is discharged from or abandons Aurora Center For Healing before the Discharge Date, program fees will end on the date twenty-one (21) days from the date the Student is discharged or is deemed to have abandoned the program, unless the Sponsors have provided Aurora Center For Healing twenty-one (21) days written notice of their intent to withdraw the Student from Aurora Center For Healing, in which case the program fees will end on the date the Student is discharged.
3. Student Account. Aurora Center For Healing will maintain an account for the student to cover the Student's incidental fees and personal expenses the Student may incur during her enrollment at Aurora Center For Healing ("Student Account"). Upon enrollment, an initial deposit of \$250.00 shall be made into the Student Account ("Student Account Deposit"). The initial deposit may be made by

____/____ Initials

check or credit card; however, a credit card must be kept on file for future deposits into the Student Account. Sponsor will receive a monthly statement outlining the personal expenses incurred by Student during the previous month. After the statement has been mailed, Aurora Center For Healing will charge the Sponsor's credit card for the personal expenses incurred by the Student during the previous month. Any unused portion of the Student Account will be refunded to Sponsor upon Student's discharge from Aurora Center For Healing.

4. Fees Paid Upon Admission. At the time of admission, the Sponsor agrees to (a) pay the applicable program fees for the first thirty (30) and last thirty (30) days of treatment, (b) pay the Enrollment Fee, and (c) make the Student Account Deposit. Student will not be admitted to Aurora Center For Healing if such fees are not paid in full at the time of admission.
5. Monthly Program Fees. The Sponsor shall pay Aurora Center For Healing program fees for treatment and services the Student is to receive during the month immediately following the payment due date.
6. Payment of tuition program fees is due the first (1st) day of each month. The Sponsor will be billed on or around the twentieth (20th) day of each month for the subsequent month of treatment. During the Sponsor's first and last billing cycles, if the Student is only to receive treatment and services from Aurora Center For Healing for part of that billing cycle, the program fees charged during the billing cycle will reflect that number of days in the billing cycle the Student is to receive services.
7. Late Payments and Penalties. Payments received more than fifteen (15) days after the due date will be assessed a late penalty fee of \$50.00. In addition, interest at an annual rate of 19% compounded daily, or the maximum rate permitted by applicable law, will be assessed on the unpaid balance (including late fees) commencing on the due date.
8. Methods of Payment. Fees may be paid by check or credit card. Payments made by check through the mail should be made and sent as follows:
Make check payable to: Aurora Center For Healing
Mail payments to:

Aurora Center For Healing
PO Box 914
Hawthorne, NV 89415
9. As a second option, payments can be made by credit card through one of our accounting specialists. A \$200 convenience fee is charged for each credit card payment. We do not accept American Express.
10. Collection Costs. The Sponsor agrees to pay Aurora Center For Healing for all collection costs incurred in connection with any amounts due under this Tuition Financial

Agreement, including but not limited to reasonable attorneys' fees and court costs. All obligations of the Sponsor hereunder shall be joint and several, as the case may be.

11. Credit Card Deposit. The Sponsor shall provide Aurora Center For Healing a valid credit card number with available credit at the time of admission. In the event that tuition program fees are not paid within thirty (30) days after the due date, Sponsor hereby authorizes Aurora Center For Healing to charge the past due amount, including late fees, to the credit card ending in _____(last 4 digits) provided by the Sponsor.
12. Refunds. Within two weeks after graduation/discharge of student, if applicable, a refund will be issued for fees paid in excess of amounts owed. The refunded balance due will be calculated to include any Student Account surplus and to be reduced by any Student Account deficit balance and amounts owed for any Post- Discharge Service package that the Sponsor has elected to purchase for the Student.

TUITION COST PER DAY \$1,000 SELF PAY COST PER DAY \$525.00

The undersigned hereby authorizes Aurora Center For Healing to initiate charges against the undersigned's credit/debit card according to the terms of this Tuition Financial Agreement, specifically for late tuition charges and for Student's monthly personal expenses. The undersigned acknowledges this authority will remain in effect so long as the Student is enrolled at Aurora Center For Healing.

IN WITNESS WHEREOF, the undersigned have executed this Tuition Financial Agreement this _____ day of _____, 20____ .

Sponsor Name (Parent/Guardian):

Sponsor Signature Parent/Guardian):

Sponsor Name (Parent/Guardian):

Sponsor Signature (Parent/Guardian):

Signature of Authorized Aurora Center For Healing Representative:
