



Policies and Fees for Purple Inc. Services

Client Contact Info

Client Name: _____

Age: _____ Date of Birth: _____

Family Contact 1: _____

Relationship _____

Cell Phone: _____ Work or Home Phone: _____

Email Address: _____

Address: _____

City _____ State _____ Zip Code _____

Family Contact 2: _____

Relationship _____

Cell Phone: _____ Work or Home Phone: _____

Email Address: _____

Address: _____

City _____ State _____ Zip Code _____

Length of Stay

The Recovery Residence Program is an immersive process that allows young men to move from addictive thinking to a healthy productive lifestyle. While we talk about the process at Purple being six months long, the actual readiness for completion is based on the efforts of each individual.

Unplanned Discharges

If a client leaves or is discharged for any reason, he may be given a set of directions to follow, if he follows these directions he may be allowed to return to treatment. These directions might include staying with Alumni for 3 to 7 days, completing detox, stabilizing in a mental health facility or completing a 30-day inpatient program. If he does not or cannot follow the directions he will not be allowed to return, and staff will happily give you recommendations for other facilities that we think would be appropriate.

Refunds

Refunds are calculated based on \$138/day of services, plus a \$1000 administrative fee, and credit card processing fees of 3% each way.

Sign _____ **Date** _____

Purple Inc Fee Schedule

5 payments of **\$5000** each. Due day 1, 31, 61, 91, 121.
Total 6 months cost \$25,000.
Additional months after day **180** are **\$2000/each***

9 payments of **\$3000** each. Due day
1, 31, 61, 91, 121, 151, 181, 211, 241. Total 6 months cost \$27,000.
Additional months after day **180** are **\$2000/each*** .
Requires Credit card on file.

1 payment of **\$23000** each.
Total 6 months cost \$23,000.
Additional months after day **180** are **\$2000/each***

* All fees are due in advance

Payment Methods

Purple Inc accepts many different types of payment. We prefer electronic checks. We also accept paper checks, major credit cards, online billpay, cryptocurrencies and cash. Initial payment must be made prior to entry.

Sign _____ Date _____

Payment - Client Name _____

Today, I will be making payment by

() electronic check () check () credit card () cash

Next time, I would like to make payments by

() electronic check () check () credit card () cash

Please charge my credit card - \$_____

Name on Card _____

Billing address

Street _____

City _____ State ____ Zip _____

Card Number _____ Exp Date _____

Security Code _____

Type Visa MC Amex Discover

I agree to **ALL** the policies and **fees** contained in this document (4 pages).

Financially Responsible Party

Date