

**Laura Stone PT, PSC**  
**dba Bright Stars Physical Therapy**  
**9409 Chantclair Drive**  
**Prospect, KY 40059**  
**262-2009**

SERVICE CONTRACT AGREEMENT

This agreement is entered into between the Professional Services Corporation known as "Laura Stone PT PSC", hereinafter referred to as the "Party of the First Part;" and the Bullitt County Board of Education, referred to as the "Party of the Second Part;" by agreement this date July 1, 2018 for the purpose of providing Physical Therapy Services.

WITNESSETH

WHEREAS, the Bullitt County school district operates for the purpose of serving handicapped children; and  
WHEREAS, the Party of the First Part is licensed or certified in the State of Kentucky and desires to provide

NOW, THEREFORE, for and in consideration of, the promises and the mutual covenants and agreements herein contained, the parties hereto agree as follows:

SERVICES

In consideration for the subject services described below, the Party of the Second Part agrees to:

- (A) Reimburse the party of the First Part upon receipt of a statement of delivered services not to exceed \$ 45,000.00 at the rate of \$ 55.00 per hour.

The Party of the First Part does hereby agree to provide the Party of the Second Part the following services between this date and June 30, 2019:

- A. (A) Physical Therapy Services.

INSURANCE

During the term of this agreement, the Party of the First Part shall maintain professional liability insurance and will provide a certificate of same to the Party of the Second Part.

ENTIRE AGREEMENT

This agreement contains the entire agreement of both parties hereto, and no other oral or written agreement shall be binding or obligating upon the parties hereto. This agreement supersedes all prior agreements, contracts, and understandings, whether written or otherwise, between the parties relating to the subject matter hereof.

IN WITNESS WHEREOF, Laura Stone PT, PSC and the Party of the Second Part have duly executed this agreement on the day and year just written.

WITNESS:

\_\_\_\_\_  
Laura Stone PT PSC  
Party of the First Part

\_\_\_\_\_  
Date 06/22/2018

**\*\*In accordance with applicable law, I am signing this form electronically. By typing my name, I am confirming that I am the individual providing the above report and am signifying my intent to sign electronically**

WITNESS:

\_\_\_\_\_  
Party of the Second Part (Superintendent, BCPS)

\_\_\_\_\_  
Date