



PowerEx Payment Extension Request

Dear valued PowerEx member,

According to the Sheltering Arms PowerEx program agreement that you signed upon joining our program:

- **“Payment will be expected at completion of initial evaluation prior to start of your program. Cost of PowerEx Clinical is \$180.00 USD, PowerEx Performance is \$360.00 USD.”**

Please complete the form below and submit all documentation via email to the PowerEx program lead (Abbey Colley: acolley@shelteringarms.com). You will receive confirmation and decision of your request by program lead.

If approved, half of the PowerEx programs fee is due upon completion of evaluation and the remaining balance is due three weeks from approval date. Late payments will result in termination from the PowerEx programs.

To be completed by member only

Full Name: _____ Date Submitted: _____

Please check the following applicable boxes

Power Ex Membership type:

Clinical

Performance

Please provide detailed explanation/reasoning for payment extension:

PowerEx member signature: _____ **Date:** _____



To be completed by program lead only

Power Ex start date: _____ Date received: _____

Approved

Not approved

PowerEx lead signature: _____ **Date:** _____

Confirmation sent to member YES NO *Date:* _____ *Scanned into Cerner:* YES