

**Agreement between  
Madison Gordon, PLLC**

and

C.O.O.R. INTERMEDIATE SCHOOL DISTRICT

**from June 30, 2025 through June 30, 2027**

This agreement is made by and between COOR Intermediate School District (COOR ISD), 11051 N. Cut Rd., P. O. Box 827, Roscommon, MI 48653, and Madison Gordon, PLLC (Contractor), 1097 Ann Arbor Rd W, Plymouth, MI 48170.

Whereas, Madison Winkler PA-C, hereby agrees to perform the following services **for** the COOR ISD under **the** terms and conditions provided. She is considered **an independent contractor and** no liabilities **or benefits**, such **as** worker's compensation, pension, insurance **or any other** employee right, shall arise **or accrue as a result of** the performance of this agreement.

The Contractor will review, if provided, **a** written description of COOR's internal process for the identification, evaluation, and assessment **of** students which verify the need for **speech** therapy, **personal care services**, occupational therapy, or orientation and mobility services. At any **time, the** Contractor may request additional documentation from COOR's Medicaid Reimbursement Program. COOR will provide the Contractor with periodic **lists of students** who **are Medicaid-**eligible Special Education students who have been evaluated **by** qualified special education staff. COOR assures that the **student lists are only** for students who METS and IEPs **have** been conducted and for whom such METs and IEPs document the need for speech and language, personal care, occupational therapy, **or** orientation and mobility services to address their disability.

Contractor **will** sign referrals / authorizations / prescriptions, with individual signatures, **as** submitted acknowledging **that the students have been referred** for speech and language, personal care, occupational therapy, or orientation and mobility services in accordance with the ISDs internal referral process.

**Contractor's** services do **not** include **an** individual student's **medical** examination **or** records review. COOR and the student's local **district assures** that appropriate identification **and** eligibility requirements following the Administrative Rules for Special Education, established by the Michigan Department of Education, have been met.

COOR will provide a summary list with **each** student's name with any "batch" or documents forwarded for signature.

Payment to Contractor:

**After** signing prescriptions, Contractor will **submit an** invoice to COOR in an amount **equal** to Three Dollars (\$3.00) for each **student's** physician **authorization executed and** returned to COOR. All returned **scripts** from Contractor must **be submitted to** COOR **before** payment is made.



Madison Winkler PA-C

Member of Madison Gordon, PLLC

Date 6/11/25

Director of Special Education

Date

C.O.O.R. Intermediate School District