

A-STEP Program Payment Instructions

There are two methods of payment for the A-Step course; credit card using a Visa or MasterCard or a Cashier's check. If you choose to pay via a credit card follow the steps below:

- Go to the Arete Sleep Website at www.aretesleep.com

HOME | NEWS | CAREERS | CONTACT | PAY MY BILL

Areté
Sleep Health

WHAT IS A SLEEP DISORDER? | EFFECTS OF A SLEEP DISORDER | DIAGNOSIS & TREATMENT | PROFESSIONAL EXPERTISE | LOCATIONS

Areté (ar-uh-tay): in the Greek culture is translated to mean "excellence" or "reaching one's highest human potential".

For the nearly 70 million Americans that suffer from inadequate or poor quality sleep, their own personal Arété can seem unattainable.

[Learn more about sleep disorders](#)

Personal Sleep Evaluation

The following questionnaire, designed by a board certified sleep specialist, will evaluate your sleep history and show how certain aspects of your lifestyle may impact your sleep.

Check all that apply.

- I've been told that I stop breathing at night when I sleep
- I am sleepy during the day
- I wake up with a headache that goes away by midmorning
- My sex drive has decreased
- I snore

What to Expect

Not all sleep studies require visiting an Arété facility, but we do our best to make your stay as unlike a hospital visit as possible, should the need arise. Take a tour of one of our rooms and learn more about what happens when you stay with us.

[Find out more about what to expect.](#)

- Click "Pay My Bill" at the top right hand site of the page

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Areté Sleep Health has partnered with **PaySimple®** to facilitate the "Pay My Bill" feature to ensure your information and transactions are safe and secure.

The link below will forward you to PaySimple's secure site:

1. **Please have your bill in hand when submitting your payment.**
2. **Please complete all fields with a red asterisk.**
3. **Read and accept the terms and conditions listed at the bottom of the page.**
4. **Press the "Process Payment" button at the bottom of the screen to submit your payment. You should receive a receipt via email shortly.**

Thank you for using our online payment service.

[Begin Payment Process](#)

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The contents of this website are for informational purposes only. This website is not a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified health provider with any questions you have regarding any medical conditions or symptoms. Never disregard professional medical advice or delay in seeking it based on something you have read on this website.

- Click on "Begin Payment Process"



Areté Sleep Health - Payment Form

480-282-6572



01-18-2010

* - REQUIRED INFORMATION

ORDER INFORMATION

Customer ID: New	Company: <input type="text"/>
First Name:* <input type="text"/>	Company Name:* <input type="text"/>
Last Name:* <input type="text"/>	Account Number:* <input type="text"/>
Email:* <input type="text"/>	
Phone: <input type="text"/>	

PAYMENT INFORMATION

Amount:* <input type="text"/>	
Card#: <input type="text"/>	 
Card Type:* <input type="text"/>	
Expiration Date:* <input type="text"/>	
(MMYY)	
CW2 Code: <input type="text"/>	

- Complete the Order and Payment Information. In the "Company" field, type "ASTEP" and in the drop down menu under "Company Name", select "Areté NW, LLC".
- Under "Account Number" type "ASTEP"
- Complete the Payment Information and Billing Address sections. Under "Amount" you will enter:
 - 500.00 (for the deposit)
 - 2900.00 (for the entire tuition)
 - 2400.00 (if you have already paid the deposit)

***Do not enter a \$ in the "Amount" field

- Accept the terms and conditions and this click "Process Payment"

- Once your payment has been processed your receipt will immediately be available to you. Click "print this page" for your records. If you entered an email address you will also be emailed a copy of your receipt.

Areté Sleep Health - Payment Form
01/18/2010

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[ARÉTÉ SLEEP HEALTH](#)

Order Confirmation [Print this page](#)

ORDER INFORMATION

Confirmation #: 935673	Company: ASTEP
Customer ID: 1037759	Company Name: Arete NW, LLC
Name: Jennifer Stephenson	Account Number: ASTEP
Email: JRStephenson72@yahoo.com	
Phone: 480-221-3956	

PAYMENT INFORMATION

Amount: \$1.00	Invoice #: 101
Card #: *****9929	
Card Type: Visa	
Expiration Date: 12/10	

- If you experience any difficulties or have any further questions please contact the local campus faculty member.

Jamie Curry – Hillsboro, Oregon Campus 360-751-7630
1409 Franklin St, Suite 103
Vancouver, WA 98660

Tikina Brown – Richardson, Texas Campus 817-487-9380
1115 W Randol Mill Rd, Suite 200
Arlington, TX 76012

Rusty Fife - Phoenix, Arizona Campus 480-206-9554
2350 W. Ray Rd, Suite 2
Chandler, AZ 85024

If you choose to pay your deposit and/or tuition via a cashier's check, please mail your payment to the Campus Faculty member listed above along with your Registration and Payment Form. The payment form you will find on page 4 of this instruction document.



A-STEP PROGRAM PAYMENT FORM

ORDER INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Fax: _____ (if you wish your receipt to be faxed to you)

PAYMENT INFORMATION

Payment Amount: _____

Check appropriate box below:

- \$500 Deposit
(Non-Refundable if you do not cancel or are enrolling 5 business days prior to the first day of the course)
- \$2900 A-Step Tuition
- \$2400 A-Step Tuition (Already Paid the Deposit)

- Initial this box to confirm you have received and reviewed our Cancellation and Refund Policy (***Required**)

Student Signature

Date

SCHOOL USE ONLY:

Payment Received on: _____ Amount: _____

Sent to Corporate on: _____ Sent by (Name): _____