

## SERVICE AGREEMENT

### Service Provider [Please Check One]

- ☐ **Caring People, Inc.**  
162-18 71st Avenue  
Fresh Meadows, NY 11365  
(718) 425-4600
- ☐ **Caring People of NJ, LLC**  
1169 Main Avenue  
Clifton, NJ 07011  
(973) 859-2700
- ☐ **Caring People, LLC d/b/a Caring People of Palm Beach**  
15127 Jog Road, Ste. 201  
Delray Beach, FL 33446  
(561) 860-9200
- ☐ **Caring People of Pompano Beach, LLC d/b/a Caring People of Broward**  
1000 W. McNab Road, Ste 321  
Pompano Beach, FL 33069  
(954) 861-6500

### Client Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Start of Care Date: \_\_\_\_\_

Days Per Week: \_\_\_\_\_ Hours Per Day: \_\_\_\_\_ Live In: \_\_\_\_\_

### Payment Terms

Hourly Rate: \_\_\_\_\_

Live In Rate: \_\_\_\_\_

*\*Holiday Rates and Special Rates may apply-see Standard Terms of Service*

### Method of Payment

☐ Credit Card-complete attached authorization

☐ ACH/EFT-complete attached authorization

☐ Long Term Care Insurance

Policy Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**1. Consent to Treatment and/or Service.** By entering into this Service Agreement the Service Provider indicated above ("Caring People", "we" or "our") agrees to provide and the patient ("I" or "you") voluntarily consents to receive home health treatment and/or service based upon the Plan of Care specifically tailored to my health and social needs.

### 2. Terms of Payment

**a. Invoices are payable upon receipt.** I have requested home health services from Caring People and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized or services rendered. I understand that employee time sheets must be signed on a daily basis and at the end of the work week in order to confirm the hours/days of services rendered. I further understand that fees are due and payable as set forth herein. Invoices are prepared on a bi-weekly basis. We will charge your credit card or debit your bank account pursuant to the Electronic Funds Transfer (EFT) Authorization on the date the invoice is rendered. A finance charge of eighteen percent (18%) per annum will be charged on all invoices past due for 30 days from the date on the invoice. Should any balance be referred for collection, you further agree to pay all reasonable costs of collection including attorney's fees, disbursements, court costs and interest. Caring People reserves the right to discharge any patient for nonpayment of charges upon (3) days written notice. If you should be discharged for nonpayment an assessment will be done and instructions provided for any needed ongoing care or treatment, including pain management.

**b. Fees.** The payment terms and rates set forth above are based upon our current fees for the type of services required based upon the Plan of Care prepared for you. Our invoices will include any disbursements made on your behalf such as travel, telephone, mailing and/or purchase of personal items on your behalf. Should your condition change necessitating a modification of the Plan of Care (such as a change from Live In to Hourly) or should we amend or adjust our billable rate schedule, you will be notified of the proposed rate modification in writing no less than seven (7) days before the new rates go into effect. In the case of an emergency regarding your care, we reserve the right to provide such information verbally to you.

# Home Care Service Provider And Client Agreement

**M Carnoy**



## **Home Care Service Provider And Client Agreement:**

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