



**SERVICE
AGREEMENT 2025**

Service Agreement

For good and valuable consideration, receipt of which is hereby acknowledged, this Agreement is entered into between: **Saint Elizabeth Home Care**

Billing to:

Customer's Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

Relationship to Client: _____

Client:

Client's Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Date of Birth: _____

Social Security Number: _____

Customer hereby authorizes **Saint Elizabeth Home Care** to perform the following services on behalf of and for the benefit of Client:

Aging Life Care Services may include, but not limited to the following:

- Nursing assessment
- Home safety evaluation
- Review of medications
- Gathering personal information
- Goal setting
- Initial care plan development
- Coordination of care
- Health care team and primary contact(s) communications
- Report writing/other correspondence
- Long-term care insurance

All tasks (including email, texts, phone calls, visits, etc.) will be billed in minimum quarter hour increments, plus reasonable and necessary expenses. Said hourly fee includes travel from GCM location to client location. Expenses include, but are not limited to; postage, mileage while driving client, purchases made on client's behalf.

Bills are mailed out on a weekly basis. Customer shall pay all invoices upon receipt

Please choose preferred payment method

_____ Check
_____ Credit card on file (*CC payments are + 3%*)

Name on credit card _____

Credit card #: _____ Expiration date: _____ CVC: _____

Request for invoice by: (CHOOSE ONE)

_____ Email Address:

_____ Home Address:

Company reserves the right to cease any and all services on behalf of the Client, without prior notice, if the payment for services is more than 90 days past due. In such a case, Company may require that Customer always maintain a minimum retainer on account prior to resuming services on behalf of the Client.

Either party may terminate this Agreement at any time and without cause by giving the other party 24 hours written notice of its intention to terminate.

Customer and Client shall continue to be jointly and severally responsible for the cost and expense of any and all services performed on behalf of the Client prior to the date of termination and Customer's and Client's responsibility to pay shall survive termination of this Agreement.

Saint Elizabeth Home Care sometimes refers to third party professionals, agencies, businesses, and providers. While we strive for working with only the most experienced, trusted, and capable third-party entities and individuals, we take no responsibility for their actions or outcomes of their services or recommendations. Saint Elizabeth Home Care does not receive any monetary compensation or kickbacks from referral to third party providers. It is the client and/or representative's responsibility to establish services, complete all necessary third-party agreements, and pay for services.

BILLING RATES EFFECTIVE February 2, 2025

**CERTIFIED NURSING ASSISTANT
Personal Care Services**

RATE

Monday - Sunday (One Client)	\$47.00/Hour (4 hour minimum)
Bath Visit	\$62.50/Visit
Monday - Sunday (Two Clients)	\$49.00/Hour (4 hour minimum)

COMPANION

RATE

Monday - Friday	\$36.50/Hour (2 hour minimum)
Saturday - Sunday	\$39.00/Hour (2 hour minimum)
Check-in Visit Mon - Sun	\$47.00/Visit

Non-medical assistance for driving and shopping

AGING LIFE CARE SERVICES

RATE

Aging Life Care Services Initial Assessment	\$400.00
ALC Services Mon-Fri 8am - 5pm GCM services after hours and weekends	\$156.00/Hour \$182.00/Hour
ALC Services Administrative Time <i>includes but is not limited to: calls, family communications, MD communications, errands, and care coordination</i>	Billed in 15-minute increments at the appropriate rate

REGISTERED NURSE

RATE

Private RN visits	\$166.50/per Visit
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PHYSICAL THERAPY

RATE

Physical Therapy & Occupational Therapy Home Visits	\$166.50/per Visit
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