

SERVICE PLAN AGREEMENT FORM

Name of Client _____ **Phone Number (____)** _____

Street Address _____ **(Apt)** _____ **City** _____

Zip Code _____

Service Begin Date: _____ **Name Of Agency:** _____

Detail Services to be provided:

How often will Services be provided:

Service Review Date (Services must be reviewed every six month): _____

Changes to Current Service Plan(A new service plan must be developed every six month): _____

Agency Representative Signature: _____ **Date** _____

Client/ Legal Representative Signature: _____ **Date** _____

Client Agreement

Verification of Service

I agree to provide my signature on a service record(s) or time document(s) necessary to verify that the employees(s) of HeeBee Home Care has/have provided planned services on a given date. I agree to not withhold my signature on the time/service record unless I disagree with the documentation or representation made therein.

Financial Responsibility

I agree to be responsible for payment of services, including those not paid by my insurer, if applicable. HeeBee Home Care (will will not) bill insurer directly.

Method of Payment: Credit Card Check Cash

Type of Card _____

Card Number _____

Expiration Date _____ Security Code _____

Invoices will be sent on _____. I agree to pay within ____ days receipt of invoice. If my account is not paid within ____ days, I agree to pay late fees of an additional \$_____ and interest of _____% after _____. In the event HeeBee Home Care is required to take action to collect any amounts, I agree to pay HeeBee Home Care reasonable attorney fees and costs incurred in collecting these amounts. Upon my death, my estate will or heirs will pay any unpaid amounts due to HeeBee Home Care.

Deposit for Services

A deposit equivalent to _____ weeks of anticipated services will be paid at signature of this *Client Agreement*. Deposit will be applied to any outstanding amounts stated on the invoice after termination of this agreement.

Assignment of Benefits

If HeeBee Home Care bills my insurance company and insurer pays, I hereby assign benefits to HeeBee Home Care and authorize insurer to pay HeeBee Home Care directly.

Client Agreement

Release of Information

I authorize HeeBee Home Care to release information about client to healthcare providers, third party payers, government surveyors, accrediting bodies, auditors or other organizations that may assist me to meet or improve my activities of daily living or independence.

Hiring Employees

I agree not to employ the employee(s) HeeBee Home Care assigns to Client for a period of _____ following the last day the employee(s) rendered services to Client. In the event that I violate this condition, I agree to pay \$ _____ as a finder's fee and any reasonable attorney's fees and costs associated with collection those liquidated damages. This amount reflects the costs of recruiting, screening, and training the employees.

Jurisdiction and Venue

I agree to provide my signature on a service record(s) or time document(s) necessary to verify that the employees(s) of HeeBee Home Care has/have provided planned services on a given date. I agree to not withhold my signature on the time/service record unless I disagree with the documentation or representation made therein.

Client or Authorized Signature

Date

(Company) Representative Signature

Date

Financially Responsible Party

By signing below, I, _____ agree to be responsible for any and all charges for services to the Client.

Financially Responsible Party Signature

Date