



Carelink Health Care Services, LLC
New Admission Packet

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Patient Name: Constance Dowling

MR# 5132005599-1

Payment of Services
Billing Agreement

Charges for service rendered are invoiced weekly on an itemized statement. The billing week is from Sunday 6:00 AM to Sunday 6:00 AM. Invoice will be mailed or e-mailed as agreed to the responsible party. Payments are due upon receipt.

We agree to provide _____ hours per week of _____ at a rate of \$ _____ per hour. We agree to be present to provide the aforementioned hours on: (List how many hours for each day)

_____ Friday _____ Saturday _____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ (hours) X _____ /hour = _____ per week.

The agency will provide at least the following services during the hours listed above.:

Responsible party for payment

Physical/e-mail address for billing

Supplies and equipment needed for the care of the client is be provided by the client or responsible party. We respectfully request that gloves are to be provided at all times for the safety of the client and caregiver. This agency does not accept gifts or contributions. All gifts and contributions will be returned.

Delinquent Accounts:

All accounts that are not paid within sixty days from the billing date become subject to collections. The agency may enter into a payment agreement with the client and provided all provisions of said agreement are met, no further action will be taken by the agency. If the provisions of the agency payment agreement are not met, the account becomes subject to collection. The agency will move forward with taking actions to collect the debt as allowed by state laws and city codes. All fees for collection shall be paid by the defaulting party.

Non Payment:

A client cannot be transferred for non-payment if the bill has been submitted to a third-party payer for payment. Non-payment occurs if a third-party payer denies the claim, or a private pay client fails to pay claims and the client, after being properly notified and advised of his or her right to appeal and exhaust all appeals, refuses to pay for his or her care, may then be transferred/discharged.

Terms:

The agency may terminate this agreement with 14 days advanced notice in writing. The client may terminate this agreement at any time in writing. This agreement may be revised with the consent of both parties in writing at any time. If an agency is implementing a scheduled rate increase, the agency shall provide a written notice at least 30 days before implementation.

Client's Signature or Responsible Party's Signature

Date

Carelink Health Care Services, LLC Agent's Signature

Date