Southern Loving Care, Inc.

Service Agreement

This represents an agreement between Southern Loving Care, Inc., hereafter referred to as Agency and _____, hereafter referred to as "Client".

Services requested (type/day/time) _____

_____

Rate of pay: $28.00 hourly with a minimum of 20 hours weekly.

This agreement is effective from _____ to _____

TERMS OF AGREEMENT FOR AGENCY:

1. **Assessment will be made to determine needs and wishes of client and care plan will be formulated based on information provided.**
2. **If an RN assessment is required it will be $200.00**
3. **Open case packet/fee $200.00**
4. **District Manager will monitor care to client.**
5. **Itemized billing statements for services provided will be mailed/emailed to client and will be due upon receipt. (Provide name and address for billing invoices to be sent to. (SEE ATTACHED BILLING SHEET)**
6. **Refunds will be issued on a case by case basis.**

TERMS OF AGREEMENT FOR CLIENT

1. Payment to Agency for services provided will be made by:
   ☐Private Pay ☐ Other _____
2. Private Pay client will prepay for at least two weeks of service prior to start of care.
3. Payments to Agency for services provided will be due upon receipt of bill. Any amounts not paid, prior to the time frame on the invoice will be considered delinquent and may be accessed a "late fee" charge of 10% of unpaid balance. Staffing will be discontinued until payment is received.
4. Will advise Office Manager of any problems or special needs as they occur.
5. Understand Agency's holiday schedule and service limitations.
6. Agrees to not solicit agency staff nor discuss any payment arrangements made with said Agency.

_____ _____

Southern Loving Care, Inc. Representative Date

_____ _____

Client/Responsible Party Date