



101 American Center Place, Suite 210, Tampa, FL 33619
Office (813) 246-4120 Fax (813) 246-4194

AGREEMENT FOR SERVICES

Aging Care Advocates, Inc. (“ACA”), agrees to provide geriatric care management services to _____, (“Client(s)”) as follows:

1. *Comprehensive Assessment and Evaluation* for a fee of \$700 (\$1,000 per couple). This includes an initial visit to a Client located within a thirty mile radius of the ACA office, assessment and evaluation of the Client’s mental, physical and financial needs, development of a written care plan that identifies available resources and providers, and initial referral to programs and/or providers identified by ACA and selected by the Client.
2. *Geriatric Management Services* at the rate of \$100 per hour (there is a 1 hour minimum for ongoing care management cases), with an initial retainer and cost deposit of \$____. Management services include all time spent by ACA on behalf of the Client. This includes telephone calls, visits, correspondence, drive time to/from local ACA office, documentation, re-applications and continuation of eligibility requirements for programs identified in the written care plan, applications or other contact with the Client, family members, friends, and/or providers. The Client is also responsible for costs and out-of-pocket expenses incurred by ACA on their behalf. Management services provided by ACA are billed in six minute increments. ACA sends monthly invoices to the Client or responsible party.

While ACA strives to refer to only providers of high quality services, it makes no representation of, and does not warrant or guarantee the credentials, professional qualifications, experience, services, and/or advise of any third party. The Client is responsible for investigating and evaluating programs, providers, and is solely responsible for their charges. The Client agrees to indemnify ACA for any liability or costs arising out of third party claims, and for any costs of collections incurred by ACA, including reasonable attorney’s fees. Any person signing this agreement as a “responsible party” will be bound by its terms, and is jointly and severely liable with Client to ACA.

Invoices that are not paid within thirty days are subject to a late fee of 1 ½ percent per month, and may result in cessation of all geriatric care management services pending satisfactory financial arrangements. Client hereby agrees to pay the default charge together with reasonable attorney's fees for cost of collection and hereby consents to Aging Care Advocates, Inc. charging the Client's credit card for any past due balance. Aging Care Advocates, Inc. shall not disclose Client's credit card information (appearing below) to any third party without Client's prior written consent.

This agreement cannot be modified without the written consent of ACA. It may be terminated by any party, with or without cause, upon thirty (30) days written notice. This agreement is made in the State of Florida, will be governed by the laws of Florida, and venue of any action to enforce it will be in Hillsborough County, Florida.

Responsible Party Signature

Date

Billing Address

Phone Number

Credit Card Information:

Type _____ Number _____ Exp. _____ Code _____