



## Service Agreement

We hereby order and authorize Matrix Home Care to furnish the following services to:

**Patient/Client Name:** \_\_\_\_\_

Source of Payment:  Private  Insurance  Worker's Compensation  Other \_\_\_\_\_

<u>Type of Service</u> (circle)			<u>Rate</u>	
NURSE / AIDE / PT / OT / ST	\$ _____ /Visit	\$ _____	Co-pay/Visit	<input type="checkbox"/> N/C
NURSE / AIDE / PT / OT / ST	\$ _____ /Visit	\$ _____	Co-pay/Visit	<input type="checkbox"/> N/C
NURSE / AIDE / PT / OT / ST	\$ _____ /Visit	\$ _____	Co-pay/Visit	<input type="checkbox"/> N/C
RN / LPN / AIDE	\$ _____ /Hour wd	\$ _____ /Hour we		<input type="checkbox"/> N/C
RN / LPN / AIDE	\$ _____ /Hour wd	\$ _____ /Hour we		<input type="checkbox"/> N/C
RN / LPN / AIDE	\$ _____ /Hour wd	\$ _____ /Hour we		<input type="checkbox"/> N/C
OTHER _____	\$ _____			<input type="checkbox"/> N/C

Without releasing the above-named patient from liability for the charges for such services, each of us hereby guarantees and agrees to pay all Matrix Home Care charges for the services and rates described above, plus overtime where applicable, including any increase or decrease in such rates after ten (10) days notice to the Client of such changes. Holidays and authorized overtime will be charged at time and one-half. Client and Guarantor agree to pay all invoices, UPON RECEIPT, and understand the unpaid accounts will be considered in default after thirty (30) days, after which a default charge will be imposed at 1-1/2% per month on unpaid balances (ANNUAL PERCENTAGE RATE OF 18%) or the maximum legal interest rate, whichever is lower. Client and Guarantor agree to pay the default charge including reasonable attorney's fees and all costs of collection.

In the event any portion of the charges for service is to be submitted as an insurance claim, Client and Guarantor assume full responsibility of charges for services rendered by Matrix Home Care.

Matrix Home Care acts solely as an agent for the Client in filing for insurance or other benefits assigned to it. However, Matrix Home Care assume no responsibility for assuring that benefits so assigned will be paid. Client's account will be credited only when Matrix Home Care actually receives payment.

### CONSENT TO OBTAIN CONSUMER CREDIT INFORMATION

In connection with service provided by Matrix Home Care, we agree to pay for services, and hereby give our consent to Matrix Home Care to obtain public record information from any consumer-reporting agency. This information may be obtained prior to, during, or after the provision of services and will be used to determine our ability to pay for services provided. We understand that we are not applying for credit nor will Matrix Home Care deny us the opportunity to purchase services as a result.

Please sign on the lines provided for Client and Guarantor, respectively, date and return to Matrix Home Care. A self-addressed, stamped envelope is enclosed for your convenience.

Note: a four(4) hour notice of cancellation is required to avoid a minimum charge (minimum charge is equivalent to four (4) times the above hourly rate or one (1) times the visit rate.

Date: \_\_\_\_\_

\_\_\_\_\_  
Client or Authorized Representative (please sign)

Date: \_\_\_\_\_

\_\_\_\_\_  
Guarantor (please sign)

Witness: \_\_\_\_\_