

J&K Healthcare Services

Home Care Contract

140 Huguenot Street
New Rochelle, New York 10801
914.633.7810 (tel)
914.633.7864 (fax)
www.jkhealthcare.com

Date: _____

The undersigned _____ hereby retains the services of J&K Healthcare Services, to provide (please check one): Home Health Aide/Personal Care Aide Certified Nurse's Aide; Licensed Practical Nurse; or a Registered Nurse for the care of _____, a patient at _____ for the period _____ to _____ or on a date of termination upon notice to J&K Healthcare Services, as hereinafter provided.

It is agreed that the undersigned will pay to J&K Healthcare Services a sum equal to \$ _____ dollars per hour of service provided to the patient. J&K Healthcare Services will provide the undersigned, at the address indicated below with a weekly invoice for services rendered. J&K Healthcare Services weekly payroll covers the period of Sunday thru Saturday each week and invoices will be rendered accordingly.

The undersigned agrees to pay J&K Healthcare Services a deposit equal to one week's care. The deposit will be applied to the final invoice. The contract deposit will be billed to your credit card. Any unused portion of the deposit will be returned to the undersigned.

The undersigned agrees to pay J&K Healthcare Services the full amount of all invoices rendered on a weekly basis by check or by credit card, subject to collection, at the office of J&K Healthcare Services. In the event that invoices remain unpaid at the end of the (30) days, the credit card provided by the undersigned shall be billed accordingly. All outstanding invoices will bear interest at the end of (30) days at the rate of 1% per month on the unpaid balance until fully paid. In the event collection proceedings are required to collect unpaid balances the undersigned shall be responsible for the reasonable cost of attorney fees.

It is understood that the subject personnel provided for the care of the patient are employees of J&K Healthcare Services. Notice of termination of services shall be made to the offices of J&K Healthcare Services by the undersigned and final billing shall be rendered immediately thereafter. The undersigned agrees not to directly employ J&K Healthcare Services personnel without the prior written consent of J&K Healthcare Services. In the event that the undersigned directly employs J&K personnel, I agree to pay the agency upon demand the sum of \$9,500.00 as liquidated damages.

J&K Healthcare Services recognizes the following holidays: New Year's Day, President's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. Any time worked during these holidays will be billed one and one half (1 ½) the above rate. All work in excess of forty hours (40) per week will also be billed at one and one half (1 ½) the above rate.

Name _____ Signature _____ Date _____

Contact Phone# _____ SSN _____

Address _____ City/State/Zip _____

Please check Credit Card Please circle one AMEX VISA MasterCard Discover

Card Number _____ Expiration Date (MM/YY) ____/____/____

For Office Use Only
INTAKE COMPLETE PLEASE INITIAL HERE _____