



CARE MANAGEMENT SERVICES AGREEMENT

Service Recipient (Client) Name: _____

Client Address: _____

Client Phone Number: _____

Primary Contact for the Client: _____

Primary Contact Relationship and Phone Number: _____

Consent to Receive Service

The Service Recipient and/or Authorized Representative hereby authorize and request Premier Care Management of Georgia (Premier CMGA) to render care management services to the Service Recipient in accordance with an agreed-upon plan of care. It is understood that the care management plan may need to be adjusted from time to time and if so, these changes will be discussed with and agreed upon by the Service Recipient and/ or Authorized Representative. Care management services are provided by RN Care Managers, Social Work Care Managers and their assistants. The Service Recipient and/or Authorized Representative recognize and agree that they have the right to refuse treatment or terminate care management services at any time by notifying the office of Premier CMGA, in writing. In addition, Premier CMGA may terminate care management services by notifying the Service Recipient and/or Authorized Representative of termination and the reason. Should Premier CMGA terminate services, referral to another resource will be given. This consent is intended as a waiver of liability for such care management services, excepting acts of negligence.

Release of Information/Confidentiality

The Service Recipient and/or Authorized Representative consent for Premier CMGA, to disclose and release information contained in the Premier CMGA record to the care providers, family members and non-family members who are involved in the Service Recipient's care. Personal information will remain

confidential and only shared with those involved with providing assistance or services to the Service Recipient.

Driver's Release

In the event that the Service Recipient requires transportation services by Premier CMGA, the Service Recipient and/or Authorized Representative understands and acknowledges that Premier CMGA, its employees and agents, are not liable for any injuries, damages, loss or suffering ("injuries") to the Service Recipient which result from the use of a vehicle by Premier CMGA employee of agent unless the injuries were the direct result of Premier CMGA's employee of agent intentional or negligent acts or failures to act. This limitation on Premier CMGA's liability shall apply regardless of whether the vehicle is owned by the Service Recipient, the Authorized Representative, a third party or by Premier CMGA, its employees or agents.

Third Party Vendors

It is understood and agreed that home health care workers, aides, companions and other medical, non-medical or home personnel who are selected by the Service Recipient and/or Authorized Representative to provide services to the Service Recipient are not employees of Premier CMGA and shall not be considered employees for the purpose of this agreement or for any other purpose. While Premier CMGA strives to refer only providers of high-quality services, it is understood that they cannot warrant and do not assume liability for the actions of third party vendors.

Fees

A \$500 retainer is required via credit card to initiate services. This amount will be applied to the first months billing. While we require a credit card to be on file for billing, you may choose to pay with a check to avoid the credit card processing fee. Please arrange your preference of payment with the billing office. Billing is completed every thirty days, on the last day of the month. Payment is due by the tenth (10) of the month. You authorize any outstanding invoices left unpaid after 30 days be assessed a 5% late fee and charged with the credit card on file. We reserve the right to adjust the payment rate and will give a 60-day notice in writing for any changes that may occur in the future.

Care Management Services

135/hour

This includes a comprehensive in person assessment and interview including nursing/medical, cognitive, social, functional, safety, legal and review of financial resources if needed. A full written report with recommendations can also be provided, if appropriate for the situation. All time spent performing care management services, including but not limited to: telephone calls to/from the client, family, physicians, attorneys, or any other person involved in the client's care; medication refills and set-up; attended physician

appointments; ongoing personal visits at the home or elsewhere as necessary to have a face to face meeting. Includes services associated as Guardian, Healthcare Agent or Power of Attorney if so appointed.

Travel Time **½ billable rate or 67.50/hour**

This represents drive time to/from a client visit or appointment. If the client is outside of metro Atlanta the full rate will apply.

Travel Expense **.58/mile**

The current IRS approved cents-per-mile charge is .58 cents/ mile. This is charged in going to and from a client's home as well as if taking a client to and from an appointment or performing an errand as requested.

Emergency Care Management **200/hour**

This includes any of the above-listed services provided on an emergency basis, before 8 am and after 5 pm or on weekends and holidays.

The following are optional service offerings which can complement care management if requested:

Care Management Assistant Services **50/hour**

This includes the services of an assistant to carry out the care plan of an existing client. Services may include driving and accompanying to errands, assisting with clerical duties, and phone call check-in service.

Daily Money Management Services **75/hour**

Assistance with opening mail, sorting, setting up online bill pay through the bank, paying of bills each month, negotiating medical and other bills and reconciliation of accounts. Ongoing communication with Responsible Party or Client as needed.

Expense Reimbursements **Varies based on the purchase**

There may be times when a Care Manager or Assistant is asked to purchase an item for the client. This will be billed on the invoice as an expense and will include a copy of the receipt.

Service Recipient and/or Responsible Party's Signature and Authorization of Services

By providing a signature below, the Service Recipient and/or Authorized Representative have read and fully understand the nature of the care management services provided by Premier CMGA and give consent for such services. Additionally, by signature the Service Recipient and/or Authorized Representative acknowledge an understanding of the content of the Care Management Services Agreement form and agree to and authorize the foregoing provisions. The Service Recipient and/or Authorized Representative also agree to receive communications via the phone number and email address listed below.

Client Name: _____

Billing and Communication Email: _____

Signature of Client or Responsible Party: _____

Printed Name and Relationship: _____ **Date:** _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	CVV code: _____
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Billing Address: 7380 Spout Springs Road | Suite 210 #351 | Flowery Branch, GA | 30542

Office Location: 3355 Lenox Road | Suite 750 | Atlanta | Georgia | 30326

Phone: 404-430-5307 | Fax: 678-828-5581 | www.PremierCMGA.com

