



# Private Care Service Agreement:

This service agreement is made as of \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ by and between Best Health Home Care, LLC 6112 Seminole Street  
(Date: mm/dd/year)

Berwyn Heights, MD 20740 hereinafter referred to as "Best Health Home Care" and \_\_\_\_\_,  
(Client's Full Name)

(Full Address: Street name)

(City)

(State)

(Zip code)

For the services that will be rendered by Best Health Home Care, I understand that:

- This Service Agreement will take effect on (mm/dd/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and will continue until terminated by either party.
- Beginning each week, Best Health Home Care will confirm the scheduling of services for the week. Any changes of the agreed upon schedule must be made through Best Health Home Care and myself and not with the worker/s from Best Health Home Care.
- The Employer hereby agrees to pay the wages of the upgrade upon caregiver as follows  
\$\_\_\_\_\_ per hour \_\_\_\_\_ at the following hours per day \_\_\_\_\_ and the following number of day per week \_\_\_\_\_ the total being \$\_\_\_\_\_. Employer also hereby agrees to pay Best Health Home Care a placement fee in the sum of \$\_\_\_\_\_ corresponding to a three weeks salary of the caregiver as hired. Said fee will not be due until employer has had an interview with BHHHC as well as with the proposed hands-on caregiver, as well as completing and signing this Acceptance Agreement. The fee is payable prior to the first working day of the caregiver.
- I agree to pay Best Health Home Care for the services rendered at the following rates:  
\$\_\_\_\_\_ per hour for service of 8 hours and more, \$\_\_\_\_\_ per hour for service of 5 to 7 hours, \$\_\_\_\_\_ per hour for service of 4 hours.  
\$\_\_\_\_\_ per day for live-in service.
- I will pay time and a half for services rendered on the following holidays:
  - New Year's Day 12:00 AM to 12:00 AM
  - Inauguration Day 12:00 AM to 12:00 AM\*
  - Martin Luther King 12:00 AM to 12:00 AM
  - President's Day 12:00 AM to 12:00 AM
  - Memorial Day 12:00 AM to 12:00 AM
  - July 4<sup>th</sup> 12:00 AM to 12:00 AM
  - Labor Day 12:00 AM to 12:00 AM
  - Columbus Day 12:00 AM to 12:00 AM
  - Veterans Day 12:00 AM to 12:00 AM
  - Thanksgiving Day 12:00 AM to 12:00 AM
  - Christmas Day 12:00 AM to 12:00 AM
- Payment Terms for all services rendered by Best Health Home Care are due upon receipt of invoice. I agree to pay interest on unpaid balance after 30 days at the rate of 18% per year of the highest rate allowed by the State. I agree to pay all collection costs including attorney's fees incurred in collection of this account if not paid within 90 days.
- I assume responsibility for the payment of any and all sums that become due for stated services including third-party billings to my insurance company. Best Health Home Care will not bill insurance companies for services rendered unless there is prior authorization. If I decided to submit Best Health Home Care's invoices to my insurance company for my reimbursement, I will instruct my insurance company to pay me, as I have already paid Best Health Home Care for services rendered.
- Best health Home Care or its representative is authorized to investigate the reference or other data obtained from me or any other person regarding my credit and my financial responsibilities.
- Best Health Home Care will not be liable if it is unable, after reasonable efforts and prior notice to me, to render the agreed upon services.
- I agree to contact my automobile insurance company and inform an authorized agent of that company that a Best Health Home Care employee or independent contractor will be driving any automobile I own to facilitate services provided under this contract. I also agree to fully indemnify Best Health Home Care for any losses it sustains as a result of failure by my insurance company to cover any liability incurred from accidents, damage or injuries, which occur during such vehicular operation.
- I agree that any schedules shift that is cancelled without 24-hour prior notice, for reasons including family visits, hospitalization, client transfer or relocation, end of service and client expiration, will be charged the full shift.

**I agree that neither I nor any one of my behalf may employ any Best Health Home Care worker for a period of one (1) year following completion of services rendered. In the event I violate the above condition, I shall pay Best Health Home Care the sum of \$10,000.00 as liquidated damages.**

**This Service Agreement is the contract we have the client or Power of Attorney sign & return for our records. We are not able to start service unless the signed contract has been faxed or mailed to the main office.**

*I understand that the charges, terms and conditions of this agreement are subject to change by **Best Health Home Care** upon written notice.*

Best Health Home Care	Client/Responsible Party
Name:	Name:
Signature:	Signature:
Date:	Date: