

A to Z Geriatric Care
ANDREA M. ZAITE, LLC
12430 Golden Thistle
Houston, TX 77058
281-910-0930

THIS AGREEMENT, BETWEEN _____,
(Known hereafter as the Purchaser), and Andrea M. Zaitte, LLC (Known hereafter as the
Provider) entered on date: _____, for Geriatric Care Management Services
provided to _____.

PURCHASER AND PROVIDER AGREE TO THE FOLLOWING SERVICES:

A to Z Geriatric is committed to quality, compassionate care. We provide a full
evaluation, assessment and coordination of all services, followed by development of a
full plan of care.

Purchaser agrees to pay for Geriatric Care Management Services provided to the
client.

Purchaser agrees to pay \$140.00 an hour for Care Management. Charges will be billed
in 15 minute increments. Phone consultations or family conferences will be billed in 15
minute increments as well. Lengthy text messaging, and emails will also be billed in 15
minute increments. You will be billed for drive time, however we will do everything in
our power to keep driving to a minimum.

Provider will bill purchaser once a month on the end of the month. The bill is due
payable upon receipt by the purchaser. Purchaser agreed to pay a 1% late fee for any
amount one month past due.

We will provide you with regular updates as we visit or provide services to your loved
one. If you are not requesting weekly or bi-weekly services we request to visit your
loved one at least once a month to ensure their health and safety.

A to Z Geriatric Care is fully HIPPA compliant. We will hold in confidence all
information shared with us and not disclose information without written permission.
You will be asked to sign a HIPPA form and Authorization to release information at the
start of services.

A to Z tries to ensure quality of care across agencies providing various services such as Provider Care, Legal Care, Facility Placement. A to Z Geriatric Care does not guarantee or assume liability for the actions of these agencies.

A to Z Geriatric Care asks that you keep us apprised of changes in status, condition, address, phone numbers, etc.

Purchaser May terminate Geriatric Care Services by giving the provider a 7 day notice in writing. Purchaser will discuss with provider termination of services so proper closure can be brought to the client and service contract. All service performed prior to termination are the responsibility of the purchaser.

By signing below, I confirm that I understand the provisions as stated above and I further indicate by my signature that I agree with and approve this agreement. I further indicate and agree to be bound by the provisions of this agreement, regardless of the outcome of this organization's representation of me and the client.

PURCHASER

PROVIDER

DATE

DATE