



## CARE MANAGEMENT SERVICES AGREEMENT

Service Recipient (Client) Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

### **Consent to Receive Service**

The Service Recipient and/or Authorized Representative hereby authorize and request Premier Care Management of Georgia 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 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 Care Management of Georgia, in writing. In addition, Premier Care Management of Georgia may terminate care management services by notifying the Service Recipient and/or Authorized Representative of termination and the reason. Should Premier Care Management of Georgia 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 Care Management of Georgia, to disclose and release information contained in the Premier Care Management of Georgia 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 Care Management of Georgia, the Service Recipient and/or Authorized Representative understands and acknowledges that Premier Care Management of Georgia, 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 Care Management of Georgia's employee or agent unless the injuries were the direct result of Premier Care Management of Georgia employee's intentional or negligent acts or failures to act. This limitation on Premier Care Management of Georgia's liability shall apply regardless of whether the vehicle is owned by the Service Recipient, the Authorized Representative, a third party or by Premier Care Management of Georgia, 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 Care Management of Georgia and shall not be considered employees for the purpose of this agreement or for any other purpose. While Premier Care Management of Georgia 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**

The fees for care management services are as stated below: An initial \$500 deposit is required to initiate services. This amount will be applied to the first months billing. Billing is completed every thirty days, on the last day of the month. Payment is due within ten (10) days. Bills left unpaid after 30 days will be assessed a 5% late fee. If paying with a credit card there is a 3.5% service fee which is added to cover the cost of using this method of payment. 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.

**Initial Assessment and Plan of Care Development****500.**

This includes a comprehensive assessment interview including nursing/medical, cognitive, social, functional, safety, legal, basic review of financial resources. The creation of an individualized Plan of Care, available as a written document and discussion with the Service Recipient and/or Authorized Representative about the assessment and the recommendations. Full and formal report is provided via a pdf file.

**Ongoing Care Management Services****125/hour**

This includes 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.

**Travel Time****½ billable rate or 62.50/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****.54/mile**

The current IRS approved cents-per-mile charge is .54 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.

**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.

**Care Management Assistant Services****50-75/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. Hourly amount will be decided upon based on the 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.

**Healthcare Power of Attorney**

**75/month**

This includes a monthly check-in call to learn about any changes in health including new diagnoses or prescriptions and to review any health concerns.

**Expense Reimbursements**

**Varies based on the purchase**

There may be times when a Care Manager or Assistant purchases a requested item for the client. This will be billed on the invoice as an expense.

**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 Care Management of Georgia 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. I also am agreeing to receive communications via the phone number and email address listed below.

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing and Communication Email: \_\_\_\_\_

Signature of Client or Responsible Party: \_\_\_\_\_

Printed Name and Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

3355 Lenox Road | Suite 750 | Atlanta, Georgia 30326  
Phone: 470-499-1272 | Fax: 678-828-5581 | [www.PremierCMGA.com](http://www.PremierCMGA.com)