

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

Responsible Party: \_\_\_\_\_

## CONTRACT

*Geriatric Care Managers work with older people and their families to enhance their quality of life, encourage independence, and provide a safe and supportive living environment. The following is a binding contract for services to support those goals.*

### BILLABLE SERVICES

The Agency bills for time spent assessing and evaluating the client's needs, as well as consultation with family members or other caregivers to formulate the care plan. Ongoing Care Management, including researching options for care, arranging of services, monitoring of services, verbal or written reports, telephone and email contact with the client, the family, health care professionals and service providers are all billable services.

### SERVICE PARAMETERS

Services will be assessed for appropriateness on an ongoing basis. Geriatric Care Management does not provide 24-hour emergency coverage. Clients and families will have phone numbers for all service providers.

### FINANCIAL RESPONSIBILITY

Services are billed monthly. Payments are due and payable upon receipt. The Agency will accommodate any reasonable request for a payment plan. If the client terminates the agreement, all payments are due immediately.

### CONFIDENTIALITY AND LIABILITY

Client will receive a copy of the Agency's policies regarding Confidentiality, Grievances, and Client's Bill of Rights with this contract.

Your Elder Experts Care Managers may identify and/or refer to third party service providers. While we strive to refer to the highest quality providers, we cannot guarantee and expressly do not assume liability for the actions of third party service providers.

### TERMINATION

Termination is effective upon receipt of written notice by either party.



The undersigned, as responsible party for \_\_\_\_\_, hereby agrees to engage Your Elder Experts, billable at the agreed hourly rate, accruing in 10-minute increments. The client agrees to pay all reasonable out-of-pocket disbursements and expenses incurred on the client's behalf. The undersigned understands and agrees to the nature of services provided by Your Elder Experts, accepts responsibility for payment, and requests that services begin as soon as possible. If services other than care management are utilized through Your Elder Experts, a verbal agreement with explanation of costs will be provided by the Care Manager.

**FEES:**

Director:	\$150/hour
Care Managers:	\$130/hour
Associate Care Managers:	\$80/hour
Care Management Travel Time:	\$65/hour
Consulting Physician Advocate:	\$230/hour
Bill Organizer:	\$75/hour
Household Support:	\$40/hour

Your hourly rate is: \$ \_\_\_\_\_

Date:

\_\_\_\_\_  
Signature of Responsible Party

Date:

\_\_\_\_\_  
Signature of Your Elder Experts Staff

*This is a legally binding contract. Please be sure you understand the terms described above and are in agreement with them.*

**Your Elder Experts, a program of JF&CS  
1430 Main Street, Waltham, MA 02451  
781-693-5052 • yourelderexperts.com**



### DESCRIPTION OF BILLABLE SERVICES

1. **CONSULTATION:** A one-time or very short term intervention, which can be with a client, his or her family, and/or any caregiver.
2. **INITIAL ASSESSMENT:** All work done on a client's behalf during the opening of a case, including face-to-face contact with the client, family, and caregivers, as well as telephone and email contact. This may include information gathering and research as delineated below.
3. **INFORMATION GATHERING AND RESEARCH:** Time spent researching potential resources, as well as contact with current care providers. This includes gathering information from doctors, lawyers, non-family caregivers, homecare agencies, community agencies, residential facilities and other community resources.
4. **CARE MANAGEMENT:** Direct care after an assessment has been completed. This includes contact with clients, family, caregivers, and community agencies involved with the client, whether face-to-face, or by telephone, email, fax, and/or letter, as well as errands, shopping, reports to the family and any administrative support.
5. **DOCTOR VISITS:** Accompanying client to physician appointments, communicating with the doctor, and any necessary follow-up.
6. **TRAVEL:** Round-trip travel time to any location on behalf of the client, when the client is not in the car.
7. **CONSULTING PHYSICIAN ADVOCATE:** Medical education and advocacy for complex diagnoses and ethical dilemmas.
8. **BILL ORGANIZING AND ADVOCACY:** Assistance with bill paying and financial advocacy.
9. **HOUSEHOLD SUPPORT:** Errands, transportation and minor household repairs.

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