



PO Box 10405 Rockville, MD 20849 info@helpinthehomellc.com 888-933-1112  
www.helpinthehomellc.com fax (888) 611-3340

## Hourly Service Agreement

This is an agreement between \_\_\_\_\_ (responsible party) and Help in the Home, LLC, for the express purpose of engaging Help in the Home, LLC for the services enumerated below to be provided to \_\_\_\_\_ (Client). The responsible party will be the identified contact for all bills and communications on behalf of client unless otherwise indicated. Services will be billed on an hourly basis with a minimum two (2) hour charge per visit.

### **Hourly Rates**

\$25.00/up to 4 hours of participation in social activities

\$25/hour- Services provided on a group basis (other than social activities)

\$40/hour- Services provided by Mental Health Companion on a 1 to 1 basis

\$60/hour- Services provided by Mental Health Coordinator on a 1 to 1 basis

Emergency services are billed at twice the hourly rate

### **Changes in Rates:**

Notice of any change in the hourly rate will be mailed at least one (1) week in advance of the effective date of such rate change to the last known address of the undersigned responsible party.

### **Additional Charges:**

Missed appointment fee \$40.00 or \$60.00 depending on service rendered

Late cancellation (less than 24 hour notice)

Email or telephone consultations are billed in 15 minute increments using the normal hourly charge.

Mileage is billed at the federal rate from the main office (452 College Parkway Rockville, MD) to the client's house or from the staff's home (whichever is the lesser amount) and then for any additional transportation that the client needs.

Travel time is billed from the same starting points in 15 min increments and will not exceed 1 hour.

Please note that there may be additional charges for activities and other miscellaneous expenses.

### **Billing:**

**Help in the Home, LLC requires payment prior to services being rendered.** This is established by a one month deposit for the services listed below. Statements will be sent for all services and any other miscellaneous charges on a monthly basis. All payments are due within 15 days from the date of the statement. Any payment received after the 15 day grace period will be considered late and subject to a 5% administrative late fee. If a payment is not

received by the end of the month in which the statement is received, Help in the Home, LLC may discharge the client from services. Amounts shown on the statement may not reflect all charges to the client's account, and the responsible party shall be liable for such charges when they are billed.

**Collection Costs:**

If a client's account is not paid when due, the responsible party shall be liable for all costs of collection, including reasonable attorney's fees, and interest on any outstanding balance to the extent allowable by the law at the time the services were rendered. Help in the Home, LLC reserves the right to report payment history and the status of client's account to any credit reporting agency or bureau to the extent allowed by law.

**Liability:**

Responsible Party expressly waives and relinquishes any and all claims against Help in the Home, LLC, its employees and associates, except those proven to be arising from negligence on the part of Help in the Home, LLC.

**List of Services:**

LIST SERVICES HERE

All clients must receive a minimum of an hour of care coordination a month.

***Help in the Home, LLC has permission to disclose all information deemed necessary for the benefit of advocating or acquiring services for the client including any information that may otherwise be protected by the Health Insurance Portability and Accountability Act of 1996. 42 U.S.C. §1320d and 45 C.F.R. 160-164. Help in the Home, LLC cannot guarantee a particular result and fees are not predicated on the outcome of the case.***

I, \_\_\_\_\_, the responsible party for billing purposes for \_\_\_\_\_, the Client, do, by affixing my signature below, agree to the terms stated in this agreement in its entirety.

I understand that a photocopy of this signature page is as valid as the original and may be used in lieu of the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Make Checks Payable To: Help in the Home, LLC  
Mail to: PO BOX 10405 Rockville, MD 20849

Name of responsible party:  
Address:

Phone:  
email:

Revised 11/2011