



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

Monthly 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 communication on behalf of client unless otherwise indicated. Services will be billed on a monthly basis.

Monthly Rates

Level 1: \$xxx for services payable to Help in the Home and \$xxx for rent payable to Scarborough Square for a total of \$4105 per month.

Level 2: \$xxx for services payable to Help in the Home and \$xxx for rent payable to Scarborough Square for a total of \$6325

Additional transport will be billed at the rate of \$30/hr.

Additional care coordinating will be billed at the rate of \$50/hr.

Changes in Rates:

Notice of any change in the monthly 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:

Please note there may be times when additional charges will be necessary.

Billing:

Help in the Home, LLC requires payment prior to services being rendered. Statements will be sent for all services and any other miscellaneous charges on a monthly basis. All payments are due by the 1st of the month that the services are to be received in. Any payment received after the 5th 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 OF SERVICES HERE- only include the level that the client needs

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: _____

Make Checks Payable To: Help in the Home, LLC

Mail to: PO BOX 10405 Rockville, MD 20849

Name of responsible party:

Relationship to client:

Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Revised 11/2011