BAYSHORE Health & Homemaker Services, Inc.

P.O. Box 1462, Largo, FL 33779 800-335-2150

GUARANTY OF PAYMENT

CLIENT _____

SERVICE	RATE	EXPLANATION
☐ Home Health Aide 4 hours or more	$19.85/HOUR	These rates include a full nursing assessment, nursing supervision and a minimum of a nursing visit every 4 months. Nursing visit every 2 weeks if service hours >12/day.
☐ Home health Aide 2 to 4 hours	$22.85/HOUR	
☐ Home Health Aide Visit	$27.85/VISIT	
☐ Homemaker/Companion 4 hours or more	$18.85/HOUR	
☐ Homemaker/Companion 2 to 4 hours	$21.85/HOUR	
☐ Case Management & Geriatric Care Management	$75/HOUR	For nursing needs over and above routine nursing supervision noted above
☐ Travel Charge	.60/MILE	
☐ Medication Management	$75/VISIT	No charge if > 12 hours/day
☐ Other		

Bayshore Health & Homemaker Services Inc. has been asked to provide the services indicated above for the benefit of the Client. By signing this agreement, the guarantor agrees to be responsible for the payment of all bills submitted to Client by Bayshore.

Weekly bills will be sent to: _____

_____

_____

Unless other arrangements have been made beforehand, all bills are due upon presentation. If a bill is not paid within 30 days , it will be considered past due. A default charge will be imposed at 1-1/2% per month on unpaid balances (annual percentage rate of 18%). Client hereby agrees to pay the default charge together with reasonable attorney's fees for cost of collection and hereby consents to Bayshore charging Client's credit card for any past due balance. Bayshore shall not disclose Client's credit card information (appearing below) to any third party without Client's prior written consent. Client will be charged up to 2 hours of service time for failure to cancel service with less than 4 hours advance notification. Client agrees not to solicit Bayshore employees, and understands that Client will be charged, as liquidated damages, the amount of $5,000 if Client hires a Bayshore employee within six months from the employee's last documented shift with the Client.

_____	_____	_____	_____
Guarantor	Date	Guarantor (if more than one)	Date
Address:	Phone Number:	Address:	Phone Number:
_____	_____	_____	_____
_____	_____	_____	_____

Credit card information: Type _____ Number _____ Exp. _____ Code

* New Year's Day, Easter Day, Mother's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day will be billed at time and ½. You will be contacted in advance for confirmation.