

SERVICE AGREEMENT

Beginning on _____ Joan McGinnis, MSW, *representing Aging Well LLC* (“Joan McGinnis, MSW”) will provide consultation and care management services to and or for the benefit of _____ (the client) for the purpose of assisting in the planning and management of this individual’s care needs.

Services may include consultation, research, evaluation, arranging services, placement into alternative housing, and monitoring care, and reporting on such activities. When an evaluation is conducted, the recommendations are based on the independent professional judgment of Joan McGinnis, MSW, to address the current situation of the client and to fulfill the care needs identified from the consultations and information provided the client and their representative, family, current caregivers, and other service providers, if applicable. Additional research may be necessary to make appropriate recommendations.

The recommendations of Joan McGinnis, MSW, are solely for the benefit of the client and are not an endorsement of any particular agency or institution. Joan McGinnis, MSW, does not accept any compensation, placement or finder’s fees from any service, institution or care providers in relation to her recommendations other than the compensation provided by the client under this agreement. Further, Joan McGinnis, MSW’s recommendations are based on current reasonably accessible information and Joan McGinnis, MSW, disclaims all liability from the acts, omissions or negligence of any institution, individual, or care provider recommended or used by the clients.

(1) Fees and Services

\$135/hour for all services, including my travel time. This may include the following:

- Evaluation time, visits to the home or other facility (i.e. retirement center, nursing home, assisted living facility, etc.);
- Accompanying client to medical therapy (i.e., doctor’s office, physical therapy treatment, etc);
- Coordination of services (i.e. developing care plan, setting up health care services, monitoring care, etc);
- Telephone consultation and calls with the client, family members, and professionals;
- Preparation for letters and reports (i.e., initial assessment, monthly updates, miscellaneous letters, etc);
- Other related tasks and consultations;
- Ongoing care management services as agreed upon.
- Travel Time (When able, clients and their families are encouraged to make appointments at my office in Edmonds, WA.)
- Leading Care Conferences and Family Meetings
- Care Mediation Sessions

(2) Payments

Payment may be made by check or money order, payable to Aging Well LLC. Payment in full is due, at the address below, 20 days from invoice date. A 1% late fee may be assessed for each account in increments of 30 days overdue (for example 1% assessed for 30 days overdue, 2% assessed for 60 days overdue, 3% assessed for 90 days overdue, and so on). Non-payment can result in termination of this agreement and discontinuation of services. The undersigned agrees to pay all reasonable costs of collection of sums due under this agreement, including attorney's fees.

How do you want invoices sent? U.S. mail PDF attachment in e-mail Both

Payments should be mailed to

Mariner Plaza
Aging Well LLC
Joan McGinnis, MSW
114 2nd Ave S, Suite 109
Edmonds, WA 98020

Joan McGinnis, MSW, will provide the following services to and/or for the benefit of the client using the methods or services described below:

(3) Termination of Agreement

The client or Aging Well LLC may terminate this agreement at any time, without cause, by giving notice by email or U.S. Mail.

Client Name: _____

Signature: _____ Date: _____

Please Check: Client Client's Representative

(If signed by Client's Representative) Relationship to client? _____

Billing Address:

Street or POB _____ Apt. _____
City _____, State _____ ZIP _____ E-mail _____

Day Phone: _____ Eve Phone: _____ Other Phone: _____

mail agreement to

Mariner Plaza
Aging Well LLC
Joan McGinnis, MSW
114 2nd Ave S, Suite 109
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