

Lambert Care Management, LLC
Contract for Services

This agreement is entered into between **Lambert Care Management, LLC** and _____ or authorized representative _____ to provide services on behalf of _____ client. This agreement is effective as of the date of signing and will remain in full force and effect until termination by its terms by either of the parties by written notice.

Lambert Care Management, LLC/Amanda Lambert: Managing Member, provides care management and consultation services for elderly and disabled clients and his or her representative (s). Care management and consultation includes but is not limited to the following: Needs assessment, consultation about care options and costs associated with those options, referral to applicable service providers and managing and monitoring of services provided by outside programs and agencies.

While **Lambert Care Management, LLC** strives to refer only to providers of the highest integrity, we cannot recommend or guarantee quality care and do not assume liability for actions of third party vendors/providers. The Client or Representative identified on this contract understands and assumes the responsibility to thoroughly research the integrity of any entity referred and make an independent decision to contract with the provider. **Lambert Care Management, LLC** does not hold contracts with or receive any monetary compensation from any providers for any referral.

Fees for Service

Fees for service are \$90 per hour. This includes all actual time involved with the client, family and/or caregivers, consultation with other professionals involved and identified client's caregivers, review of medical records and all telephone calls, emails, faxes, correspondence, documentation and report preparation. Travel distances will be billed at the same rate of \$90 per hour. Mileage is billed at the 2017 IRS rate of 53.5 cents a mile. Normal business hours are Monday through Friday 9 AM to 5 PM after hours services are billed at \$120 per hour as are holidays defined as Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Easter, Memorial Day, Labor Day, Independence Day, Pioneer Day, and Martin Luther King Day. Service time is billed out at 10th of an hour increments. Additional cost and expenses incurred such as photocopy charges parking, delivery services etc. will be itemized in billed to the client. Invoices will be sent monthly. Payment is due on the day identified on the invoice.

Termination of this agreement may be effected by the receipt of written notice served by either party. Should **Lambert Care Management, LLC** terminate services referral to another resource will be offered. The Representative fully understands the nature of the services provided by **Lambert Care Management LLC**, and understands their responsibility as client representative. The undersigned agrees to be responsible for payment of fees for all services rendered by **Lambert Care Management, LLC**. The undersigned has initially identified and gives consent for specific services desired, understanding that any additional services requested and agreed-upon verbally or in writing fall within the parameters of this agreement for service. Included is a notation of customer direction as it pertains to his/ her private healthcare information and or service parameters. Client and/or authorized representative understand that while services may be provided to client, the authorized representative shall be solely responsible for payment of all invoices related to services provided by **Lambert Care Management LLC**. In the event that client and authorized representative are the same person, client agrees to be responsible for payment of all invoices related services provided by **Lambert Care Management LLC** therefore all invoices shall be billed to and paid by:

Name: _____

Billing Address: _____

Client Name for Whom Services are Being Provided: _____

Date: _____

Purchaser Signature: _____

In such case as Authorized Representative is not client, Authorized Representative acknowledges that he/she is solely responsible for payment of all invoices received from **Lambert Care Management, LLC**.

_____ Initial