Julie Peter
ANGELCARE, CORP.
P.O. Box 1345, Arvada, CO 80001
(303) 912-3147

FINANCIAL POLICY

Hourly Rate: $75.00 to $85.00 an hour Your Rate: $_____
(Case Management/POA $75, $85 - Conservatorship)

Hours of Operation: Monday thru Friday, 8:00 a.m. to 5:00 p.m. Outside of these hours, emergencies only please, and time and one-half is charged.

Phone Contact: I do not charge for the first five minutes of a telephone call with a client. I do charge for all other telephone calls regarding the client and for six minutes or more with a client, in six minute increments (i.e. $75 p/h, six minute call (.1) is $7.50).

Drive Time: I charge mileage round trip at the current Federal rate. There is mileage charged for any transportation provided for the client.

Billing Statements: Billing statements are detailed and will go out once a month; payment is expected within 15 days of receipt of the bill. Interest shall be charged on the unpaid balance at the rate of 1.5% per month from the date of billing when said billing is more than thirty (30) days overdue. Additional charges may apply for copies ($.25) and faxes ($1.00 per page).

Upon acceptance of this Financial Policy, I acknowledge that, due to the Client's own health condition, even care provided with due diligence may involve a risk of physical injury to any individual, and that there is an inherent risk assumed by the Client. The undersigned expressly assumes such risk and waives any claim he/she might have against the agent/case manager/care giver as a result of physical injury incurred during care activities. Except to the extent such claim might be based upon the sole and exclusive negligence of the agent/case manager/care giver, the undersigned further agrees to hold the agent/case manager/care giver harmless for physical injury to others, or for property damage, which results during the requested care services.

_____ _____ _____
Responsible Party Print Name Date

_____ _____
Responsible Party's Address City State Zip

STATE OF COLORADO)
COUNTY OF JEFFERSON)

Subscribed, sworn to and acknowledged before me by _____, this _____ day of _____, 2011.

(SEAL)

_____
Notary Public

My commission expires: _____