

# Care Plus Professionals, Inc

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Business Address : 23110 State Road 54 Lutz, Fl 33549

## CONTRACT FOR CAREGIVER SERVICES AND WEEKLY WORK LOG

Between:

And:

**Patient's Name:** \_\_\_\_\_ **Caregiver's Name:** \_\_\_\_\_

AHCA requires that we have accurate documentation of any changes in caregiver services. **IT IS IMPERATIVE THAT PATIENTS/CLIENTS REPORT ANY CHANGE(S) IN SERVICE IMMEDIATELY.**

(Patient to sign below each day services are performed)

ASSISTED OF DAILY LIVING	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bathing							
Dressing							
Ambulating							
Transferring							
Incontinence Care							
Light Housekeeping							
Prepare Meals/Feeding/Diet Management							
Grooming							
Linen Change/Laundry							
Safety Supervision							
Medication Reminders							
Accompany to Appointments							

Day	Date	Time Started	Time Finished	Total Hours	Patient/Clients Signature


As a (Patient/Client), I agree that by signing this form, I agree to pay Care Plus Professionals, Inc as assignee for the services and hours approved below. I understand that if services were not performed then I should not sign and should call Care Plus Professionals, Inc immediately. Work logs submitted without the checking of ADL's actually performed which are required by the Insurance Company then will be billed to the patient/client. **\*\*Caregiver has reviewed and agrees to same confirmation of services.\*\***


- Timesheet must be signed daily by patient, signed weekly by Caregiver, and submitted to the office by 12:00 Noon on Monday following the end of every work week.
- Inform your Care Manager whenever a case ends or whenever patient is hospitalized or if there are any problems.
- **Failure to submit timesheet on time will result in delay of caregiver payment until next pay period.**