



Just Like Family Home Care...where your family is our family too.

950 Encore Way Suite #101 Naples, FL 34110 phone: (239) 431-6661 fax: (239) 431-6690

License #30211271

Contract and Weekly Invoice for HHA/CNA Services

This is a contract between: (please print)

Patient Name _____ and HHA/CNA Name _____

As the billing and collection representative for the independent contractor HHA/CNA listed above, the State of Florida's Agency for Health Care Administration requires Just Like Family Home Care (JLFHC) to document the services provided by the HHA/CNA. Please indicate all services provided and time spent with you below. Any changes in services provided by the HHA/CNA (such as changes in hours or days worked, hospitalization, changes in medication, etc.), must be documented by our office. THEREFORE ALL CHANGES MUST BE CALLED IN TO JLFHC's OFFICE IMMEDIATELY. There is additional room for any notes at bottom of the page.

If the HHA/CNA provides transportation for you in the HHA/CNA's vehicle please fill in the mileage section below. Please note that the HHA/CNA is reimbursed at the mileage reimbursement rate proscribed by the IRS without any fees or other charges being paid to JLFHC.

	Mo	Day	Year	In	Out	Total	Bathing	Dressing	Oral Hygiene	Shave	Apply Lotion	Ambulating/Transfer	Transport/Escort	Toileting	Supervision	Remind Medication	Prepare Meals/Feeding	Laundry/Change Linens	Light Housekeeping	Patient/Guardian Signature	
M				AM PM	AM PM																
T				AM PM	AM PM																
W				AM PM	AM PM																
T				AM PM	AM PM																
F				AM PM	AM PM																
S				AM PM	AM PM																
S				AM PM	AM PM																

Notes: _____

Mileage Reimbursement

	Beginning Reading	Ending Reading	Total Miles	Destination & Purpose	Patient/Guardian Signature
M					
T					
W					
T					
F					
S					
S					

Patient/Guardian signature on this invoice indicates that you have reviewed the above information including the hours worked by the HHA/CNA and agree to pay JLFHC for said hours. DO NOT SIGN THIS AGREEMENT AND CONTACT JLFHC IMMEDIATELY IF THE SERVICES INDICATED WERE NOT PERFORMED!

Patient/Guardian is aware of and agrees that JLFHC's role in this agreement is to act as billing and collection representative for the independent contractor HHA/CNA.

Contract and Weekly Invoice for HHA/CNA Services must be turned in every Monday by 9AM following the end of each work week or there will be a delay in getting paid.