



CLIENT TRANSPORTATION AGREEMENT

OUR MISSION - Golden Heart's mission is to improve the quality of life for seniors living in the Las Vegas community by promoting a positive culture of respect, honesty and integrity for our clients, their family, and our team members. Golden Heart is a licensed, bonded, and insured Personal Care Agency.

CLIENT SERVICES PROVIDED BY THE AGENCY - Golden Heart will provide non-medical transportation as directed by the Client.

CLIENT COMPLAINTS AND GRIEVANCES - If you believe you are being abused, neglected, or exploited, you or your advocate should contact the State of Nevada Aging and Disability Services (702-486-6930), and notify the Agency Administrator (702-800-4616).

CHARGES, REIMBURSEMENTS, AND FINANCIAL ARRANGEMENTS

Client agrees to the following payment terms:

1. Charges for services provided by the care staff are billed at the established rate plus any additional authorized expenses.
 - a. Golden Heart has a Four (4) hour shift requirement.
 - b. Hourly fee for transportation: Four (4) hours or less is \$36/hour; Four (4) hours or more is \$31/hour.
 - c. If a Caregiver uses their vehicle, the Client will be billed at the then IRS mileage rate per mile.
 - d. If the Client requests services for a specific Caregiver, and it places the Caregiver in overtime status, an overtime fee of 1½ for those hours will be charged.
 - e. Time-and-a-half fees apply for services provided from 12:00 am to 11:59 pm on the following Holidays: New Year's Day, Independence Day, Labor Day, Thanksgiving and Christmas.
2. Payments for services are made as follows:
 - a. All payments are made to Golden Heart. Payments can be made by credit card, debit card, Check, or ACH Debit/Electronic Funds Withdrawal ("ACH/EFW Payment").
 - b. There is a 3% surcharge for all credit/debit card charges.**
 - c. Charges will be billed for services rendered from 1 to 3 calendar days after the end of the billing period. Invoices will be e-mailed/mailed within three days of the end of the service week (Friday) for the services provided for the prior week (Saturday ~ Friday).
 - d. If Golden Heart is asked to shop and purchase items for the Client (sundries, groceries, etc.) in which Golden Heart fronts the money, there will be a 10% charge on top of the purchase item price total to cover administrative expenses associated with acquiring the items.

VEHICLE USAGE POLICY

The agency does not provide insurance coverage for Caregivers operating a client's vehicle. If a Client desires to allow a Caregiver to use the Client's vehicle, they do so assuming full responsibility for all claims. If the Caregiver uses their personal vehicle to transport the Client, the Client will be charged at the current IRS mileage rate for each mile traveled.

I have read and understood these terms and conditions and agree to enter into this Transportation Service Agreement.

Client, Power of Attorney or Facility Representative

Date

Golden Heart

Date

Client Information - Transportation Only

Name

Email Address

Phone

Address

City/State /Zip

Date of Birth

Power of Attorney ("POA") Contact Information

POA Contact Name

POA Phone

POA Email

PAYMENT AUTHORIZATION – Transportation Only

Client Name _____

I authorize Golden Heart Senior Care of Summerlin (“Golden Heart”), to process payment on a weekly basis for services rendered. I understand and accept the following conditions:

1. Golden Heart will charge my credit card or withdraw funds via ACH Debit/Electronic Funds Withdrawal (“E-Check”) for services rendered. Such charge will be automatically performed by Golden Heart from 1 to 3 calendar days after the end of the weekly cycle which ends on Friday at midnight. **There is a 3% surcharge on credit/debit card charges.**
2. Charges will recur as long as services are rendered or until I give written notice to discontinue service.
3. Payments not made within 3 days of financial institution rejection may incur a 5% penalty. An additional 5% penalty may occur for each seven (7) days late.
4. I am responsible for any fees incurred by Golden Heart as a result of my financial institution’s rejection of my credit card or bank account.
5. I authorize Golden Heart to process entries to my bank account for home care services provided. I understand that this authority will remain in effect until I provide seven (7) days prior notification to terminate the authorization.

Payment Type: Charge my Credit Card Process an E-Check

Delivery Method: Mail E-Mail

Payer’s Name: _____

Payer’s Relationship to Client: _____

Payer’s Email: _____

Credit Card Information:

Name EXACTLY as it appears on the card (PRINT): _____

Credit Card Number: _____

Type of card: VISA MC AMEX Expiration Date: _____ Security Code: _____

Credit Card Billing Address (Please Print):

Street: _____ City: _____ State: _____

Zip Code: _____ Telephone: (____) _____

E-Check Information:

(Attach Voided Check)

Bank Name: _____ Type of Account: Checking Savings

Bank Routing Number _____ Account Number _____

Signature of Account Holder: _____ **Date** _____