

Merrimack Adult Day  
 Health Center  
 32 Daniel Webster HWY, Unit 10  
 Merrimack, NH 03054  
 Office (603) 417-6656 Fax (603) 417-7113

**SUBJECT:** Private Pay Agreement – Merrimack Adult Day Health Center

**RESPONSIBILITY:** Program Director

**POLICY:** Private Pay Rate and Agreement

- 1) The participant charge for attendance at the Center is \$100.00 per day, including transportation services.
- 2) Payment in full is due the 1st of the month. Invoices will be mailed around the 20th of the month for the following month's attendance. The invoice will be sent to the Participant and/or Responsible Party and will be based on the below scheduled attendance.
- 3) Arrangements need to be made with the Program Director if a scheduled day of attendance is missed due to vacation, sickness and/or hospitalization. In these situations, any overpayment shall be credited to next month's invoice.
- 4) Refunds shall only be made in cases of discharge from the Center.
- 5) Failure to remit payment within 30 days from the dates of service is the cause for suspension of services or discharge from the center. The Program Director will contact the Participant and/or Responsible Party to determine the status of payment.

**Please choose the days you would like to attend and if you will be am and/or pm transportation.**

<b>Service</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Daycare					
AM Trans					
PM Trans					

**Payments:**

Payment method accepted: Check  
 Make check payable to: **Merrimack Adult Day Health Center**  
 Mailing address: **32 Daniel Webster Hwy, Unit 10, Merrimack, NH 03054**  
 Include on check: **Participant name, Merrimack Adult Day Health Center and month/year that you are paying - include invoice remit section to ensure payment is applied properly.**

**Receipt:**

Receipts and statements for the services provided to the participant will be available upon written request with 48 hour notice.

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**Cancellations:**

If our center is closed due to the weather or unforeseen circumstances, the Participant and/or Responsible Party will need to notify the Center if they would like to make up the day during the month or receive a credit on the following month's invoice.

**Withdrawal:**

If the Participant decides to withdraw from the program - two weeks written notice is requested.

**Rate Increase:**

Merrimack Adult Day Health Center will give a thirty (30) day written notice of the rate increase.

MERRIMACK ADULT DAY HEALTH CENTER WILL NOT SEEK PAYMENTS FROM A MEDICAID RECIPIENT IF THE PAYOR DENIES PAYMENT DUE TO LATE BILLING OR FOR AN OTHERWISE REASONS.

The undersigned hereby agrees to all terms of the Private Pay contract above.

_____	_____	_____
Merrimack Adult Day Health Center	Print Name of Participant	Date
_____	_____	_____
Print Name of Guardian	Signature of Participant or Guardian	Date
_____	_____	_____
Print Name of Program Director	Signature of Program Director	Date