

Merrimack Adult Day Health Center
32 Daniel Webster Hwy. Suite 10, Merrimack, NH 03054
P: 603-417-6656 F: 603-417-7113
Celine Baribeau, Owner, Email: celine@merrimackadhc.com

SUBJECT: Private Pay Agreement – Merrimack Adult Day Health Center
RESPONSIBILITY: Celine Baribeau, Owner
POLICY: Private Pay Rate and Agreement

1. The participant charge for attendance at Merrimack Adult Day Health Center is \$130.00 per day, including transportation.
2. Payment in full is due on the 1st of the month. Invoices will be emailed 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 Celine Baribeau, Owner, if a scheduled day of attendance is missed due to vacation, sickness and/or hospitalization. In these situations, overpayment must be utilized in the current month.
4. Refunds shall only be made in cases of discharge from Merrimack Adult Day Health Center.
5. Failure to remit payment within 30 days from the dates of service is the cause for suspension of services or discharge from Merrimack Adult Day Health Center. Celine Baribeau, Owner, will contact the Participant and/or Responsible Party to determine the status of payment.

Please choose the days you or the participant would like to attend and if am and/or pm transportation will be provided by Merrimack Adult Day Health Center.

Service	Monday	Tuesday	Wednesday	Thursday	Friday
Attending					
AM Transportation					
PM Transportation					

PAYMENTS:

Payment method accepted: Check
 Make the check payable to: Merrimack Adult Day Health Center
 Mailing Address: 32 Daniel Webster Hwy, Unit 10, Merrimack, NH 03054
 Include on the 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 request within 48 hours’ notice.

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Cancellations:

If Merrimack Adult Day Health Center is closed due to the weather or unforeseen circumstances, the Participant and/or Responsible Party will need to notify Merrimack Adult Day Health Center if they would like to make up the day during the current month.

Withdrawal:

If the Participant and/or Responsible Party decides to withdraw from attending Merrimack Adult Day Health Center- two weeks' written notice is requested.

Rate Increase:

Merrimack Adult Day Health Center will give thirty (30) days' notice of the rate increase.

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

Print First and Last Name of Participant:	
Signature of Participant:	Date:
If Applicable Print First and Last Name of Responsible Party:	
If Applicable Signature of the Responsible Party:	Date:

Signature of Owner, Celine Baribeau	Date:
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