



CLIENT SERVICE AGREEMENT ADDENDUM
MODIFICACIONAL CONVENIO DE SERVICIO

Date/Fecha: -----

Patient: -----
(Paciente)

MR#: -----

SOC: -----

Certification period:

to

As part of your service/care, an adjustment to our agreement is necessary, please review the following addendum to our agreement and sign in the bottom as approval of the stated changes: (Como parte de su servicio/cuidado nuestro acuerdo necesita ser modificado, por favor revise la modificacion y firme abajo como prueba de su aprobacion a las cambios)

- ☒ Your physician made changes in your Plan of Care, as result the frequency of visit will be affected as follow: (Su doctor ordeno cambios en su Plan de Cuidado, como consecuencia la frecuencia de visitas necesita ser modificada de la siguiente forma)
- ☒ The Patient's Medications were reviewed, updated as needed. (Las medicinas del paciente se revisaron y actualizadas)
- ☒ The Patient's Emergency Plan was reviewed, no changes needed. (Plan de Emergencia revisado, no se necesitan cambios)

Discipline/Disciplina New Frequency (Nueva frecuencia)

☒ Charge changes, explain: (Cambio en los cargos, explicar)

☐ N/A

Month/Mes:						
Sun./Domingo	Monday/Lunes	Tuesday/Martes	Wednesday/Miércoles	Thursday/Jueves	Friday/Viernes	Saturday/Sábado

- ☒ MD approved the changes (Su doctor aprobo los cambios)
- ☒ I accept the changes, and acknowledgment to receipt the Agreement addendum.
(Yo acepto los cambios y confirmo el recibo de las cambios al convenio)
- ☒ I participated/involved in the development of the Plan of Care
(Yo participe en el desarrollo del Plan de Cuidado)

☐ Other/Otro: -----

Month/Mes:						
Sunday/Domingo	Monday/Lunes	Tuesday/Martes	Wednesday/Miércoles	Thursday/Jueves	Friday/Viernes	Saturday/Sábado

Patient/Representative Signature
Firma del paciente/representante

Date/Fecha

Agency's Representative
Representante de la Agencia

Date/Fecha

Original (Patient's Chart)

Copy (Patient)

Signed by:

Origin Home Health Care
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