Options for Senior America
175 Strafford Avenue
Suite One
Wayne, PA 19087

Tel: 610.975.4422
Fax: 610.514.5560

Date: 02/10/2026

Name Address of Responsible Party
Mr. Robert Miller
175 Strafford Avenue, Suite One
Wayne, MD

For Care Recipient: **Mrs. Alice Miller**

SERVICE AGREEMENT

residing at **175 Strafford Avenue, Wayne, PA 19087, , MD**

Initial Inquiry date	Start Order and/or Instructions Given by	On	Services to Start on	At (time)
02/10/2026	**Case Manager Sarah**	**02/10/2026**	**02/10/2026**	**8:00 AM**

REQUIRED SERVICES: In addition to the general services that our caregivers provide such as assistance with activities of daily living, meal preparation, light housekeeping, and laundry, the required services as stated by the responsible party/client are: **Home Care**

FREQUENCY DURATION OF VISITS: As scheduled

FEES: $42.00/hr

CHARGES: We bill bi-weekly for services rendered during the prior two weeks. If service hours are 80 hours or more per week, and for all 7-day live-in cases, billing will be done weekly. Payments are due upon receipt of OPTIONS invoices.

PAYMENT OBLIGATIONS: The parties responsible for payment include the person who initiates arrangements for our services, as well as the care recipient and the care recipient's power of attorney or guardian. The responsibility for payment cannot be shifted simply by asking us to bill an insurance company or a third party. Your responsibility extends to making timely and prompt payments at all times. In the event the client or care recipient cancels a shift with less than 24-hour notice, then a charge for our minimum 2-hour visit will apply.

FEDERAL HOLIDAYS: When services are required on Federal holidays, you will be charged "time and a half" for those days (50% more than your usual daily charge). We apply those surcharges on the 12 holidays as follows: New Year's Day, Martin Luther King Day, Presidents' Day, Memorial Day, Juneteenth Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day.

Mr. Robert Miller	**Spouse**
Name of Responsible Party	Relationship to Care Recipient
(SEAL)	**02/10/2026**
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NEEDS ASSESSMENT & PLAN OF CARE: A fee of $95.00 for a Needs Assessment and Plan of Care is waived if the ongoing case requires more than 30 service hours per week. Otherwise, the fee is included on the invoice.

YOUR VALUABLES: Our care providers are not authorized to accept direct payments from you or to handle your valuables (credit cards, checkbooks, cash, etc.). Please exercise caution with your valuables. If you believe any valuables are missing, please report the loss to OPTIONS and to the police.

NOTICE PERIOD: The care recipient or their designees are not obligated to give written notice of termination. OPTIONS, however, may end services with 10 calendar days' written notice.

OUR CARE PROVIDERS CANNOT BE HIRED BY YOU: OPTIONS is not a staffing agency. Our care providers introduced to you by OPTIONS cannot be employed directly by you, either during or after using OPTIONS' services. If you wish to employ a care provider after a one-year period of their termination of employment with OPTIONS, you must pay OPTIONS the larger of a $9,000 lump-sum placement fee or the value of eight (8) weeks of service charges. This payment is due within 10 calendar days of the care provider's employment with you.

RECORD KEEPING: OPTIONS' care providers track time and tasks on a Daily Progress Notes form. You or your designee must allow time for this form to be completed and signed weekly. If you do not sign, you must inform OPTIONS in writing, and the lack of signature will not invalidate the recorded hours or tasks.

MILEAGE REIMBURSEMENT: A charge of $0.00 per mile applies when the Care Provider uses their personal vehicle for duties such as errands or appointments for the Care Recipient. No mileage charge applies if the Care Provider uses the Care Recipient's vehicle.

USE OF FAMILY VEHICLE: If you wish to allow care providers to drive your/the care recipient's vehicle, thereby holding Options and its care providers harmless from associated liability, please write "Authorized" and initial here: _____

GENERAL PROVISIONS:

1. Waiver of a breach of any provision of this agreement does not waive other provisions or future breaches.
2. Changes, modifications, terminations, or attempted waivers are only binding if in writing and signed by both Options and the undersigned.
3. This agreement is governed by the laws of the state of PA.
4. This agreement supersedes all prior oral or written agreements between Options and the undersigned regarding the subject matter.

I have read and agree to the above listed terms, and understand that this agreement is a contract under seal.

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Notice of Patients Rights and Responsibilities

1. A client, or the client representative with legal authority to make health care decisions, has the right to:
   a. Be treated with consideration, respect, and full recognition of the client's human dignity and individuality;
   b. Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations;
   c. Participate in the development of the client's care plan and medical treatment;
   d. Refuse treatment after the possible consequences of refusing treatment have been fully explained;
   e. Privacy;
   f. Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation;
   g. Confidentiality.
2. A client or client representative has the right to:
   a. Make suggestions or complaints, or present grievances on behalf of the client to the agency, government agencies, or other persons without the threat or fear of retaliation;
   b. Receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions, or grievances the participant may have;
   c. Have access to the procedures for making a complaint to the Pennsylvania Department of Health and to Adult/Child Protective Services.
3. A client or client representative has the responsibility to:
   a. Advise the Options office of any changes in the care recipient's condition, or of any events that affect the care recipient's service needs;
   b. Treat the Options caregivers with respect;
   c. Pay Options invoices in a timely manner.

Notice of Complaint Procedures

1. The person responsible for complaints intake and acknowledgement is the Community Relations Manager at **610.975.4422**.
2. OPTIONS has in place a system for logging receipt of complaints, investigation, and resolution of complaints.
3. The OPTIONS employee responsible for investigating complaints is the Community Relations Manager or the Care Manager.
4. OPTIONS will produce a written record of the findings of each complaint investigated.
5. Within 10 business days from the date of receipt of a complaint, Options will provide written notification of the proposed resolution.
6. If not satisfied, you may appeal to an agency Director at 1-800-2-OPTIONS or contact **Pennsylvania Department of Health**.

Notice of Billing Procedures

BILLING, BILLING ERRORS AND REFUNDS ARE TREATED AS FOLLOWS:

1. **Billing Method:** OPTIONS is a long-term home care agency; billing is done on a weekly or bi-weekly basis. Invoices are due upon receipt.
2. **Third Parties:** OPTIONS typically seeks an "Assignment of Benefits" from the care recipient or designees when invoicing insurance.
3. **Changes in Fees:** We endeavor to notify you in writing of any changes in fees at least two (2) weeks ahead of the effective date.
4. **Refund Policy:** Billing errors will be corrected in subsequent invoices. Refunds are credited to the account or paid back to the recipient.
5. **Delinquent Accounts:** Accounts more than 30 days past due are subject to interest charges of 1.5% per month (18% annual).

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Authorization for a Repeating Electronic Funds Transfer

(Save time and postage. Avoid interest charges, late payments, and termination notices)

I, the undersigned, acknowledge that invoices prepared by Options for Senior America (Options) are due upon receipt, and therefore hereby authorize Options to withdraw any amounts owed by me on the same day as the invoice is prepared and emailed to me. This funds withdrawal is made by initiating an electronic funds transfer, as a debit through ACH (Automated Clearing House) from my account at the financial institution (hereinafter "Bank") indicated below. I also agree that, in the event the below mentioned care recipient passes away, I will not close this referenced bank account until I receive notification from Options that the final Options invoice is paid in full using the method of payment herein described. Furthermore, I authorize Bank to accept and to debit entries indicated by Options from my account.

This authorization is to remain in full force and effect until Options and Bank have received written notice from me of its termination in such time and in such manner as to afford Options and Bank reasonable opportunity to act on it.

Care Recipient Name:

Mrs. Alice Miller

Client Bank Account Signatory Name:

Mr. Robert Miller

Client Signature:

Date:

02/10/2026

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Account Information

Bank Name, City, and State:

Routing Transit #:

Account Number:

Account Type:

✓Checking Saving

-------Please Attach a Voided Check Here----------

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Consumer Notice

IMPORTANT CONSUMER INFORMATION: This service agreement is a legally binding contract. Please read all terms carefully before signing. You have the right to review this agreement and ask questions about any terms you do not understand.

YOUR RIGHTS: You have the right to receive services in accordance with this agreement and applicable state regulations. You may file a complaint with Pennsylvania Department of Health if you believe your rights have been violated or if you have concerns about the quality of care provided.

TERMINATION: Either party may terminate this agreement in accordance with the notice provisions specified herein. OPTIONS, however, may end services with 10 calendar days' written notice.

DISPUTE RESOLUTION: Any disputes arising from this agreement shall be resolved in accordance with the laws of the state of PA.

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