RIGHT ACCORD
Private Duty-Home Health Care
3900 Clark Road Suite B5, Sarasota, FL 34233
941-366-0801 | www.rightaccordhealth.com

Intent to Receive Service

This is to certify that on the following date, RIGHT ACCORD Home Health Care will begin delivering the below specified care services.

Person receiving care:_____

Date of service: _____

Type of service(s): _____

Location service is to be delivered:_____

Service Schedule:_____

Rate per hour for service(s):_____

Responsible payer: ☐ Person receiving care: ☐ Other: _____

Email to receive invoices: _____

Payment method: Auto Debit ACH (Bank Account) Transfer –

Routing Number: Account Number:
Online By Mail – Address invoices must be sent: _____

With in 24 hours a New Client Agreement will be emailed to:_____

Once that agreement is signed and filed, an invoice will be delivered to the above specified destination for the first week of service. All further invoices will be delivered on a weekly basis and will arrive no later than 5:00pm Monday of the following week.

Client/Responsible Payer: _____Date:_____

Agency Representative: _____Date:_____