

Sourcebank

Karla L. JacksonAnderson, R.N., B.S.N., M.N.

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sourcebank@earthlink.net

**Sourcebank Private-Pay Service Invoice**

I, ***<<FirstName>> <<LastName>>****,* agree to pay Karla L. JacksonAnderson of Sourcebank, LLC Nurse Delegation and Consulting Services, per price list below,for services provided to client **self,** on Sept 30, 2019

**Pre-Placement and Nurse Delegation Services**

FORMCHECKBOX **Pre-Placement or** **Nurse Delegation Assessment and Initial Care Plan $425 FORMTEXT**

* Payment due at the time of service for the Pre-placement orNurse Delegation Assessment

**Private Pay client's only: If required/as needed upon move into FORMTEXT**

FORMCHECKBOX  **Initial Client Delegation: Delegation Chart Set-Up, Client Task Instructions & Caregiver**

**training is $65/hr and includes travel time**

FORMCHECKBOX **If delegation is required by the client**: **90 Day** **Mandatory** **Delegation** **Follow-up visits are $65/hr and includes travel time**

* VisitPayments are due quarterly or semi-annually for AFH clients needing continued Nurse-Caregiver delegation with on-going skilled tasks (mandatory 90 Day visits). Invoiced services will be paid within 7 days of billing. Invoiced services not paid within 14 days will be assessed a late fee of 10% of the outstanding balance per month until paid.

**Printed Name: <<FirstName>> <<LastName>> Date: FORMTEXT \_February 3, 2020**

**Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: <<Site:Phone>>**

**Email Address: FORMTEXT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: <<Site:Address>> <<Site:City>>, <<Site:State>> <<Site:PostalCode>>**

**FORMTEXT \_**

**Please make checks payable to Karla L. JacksonAnderson**