



ROYAL PALM ADULT DAY CARE CENTER
ADMISSION & FINANCIAL AGREEMENT

Participant Information

Participant Full Name: _____

Date of Birth: _____

Start of Care (SOC) Date: _____

Admission

The Participant is admitted to Royal Palm Adult Day Care Center, Inc. effective on the Start of Care (SOC) date listed above. Services will be provided in accordance with the Participant's authorized schedule, care plan, and applicable program guidelines.

Rate and Financial Arrangement

The Participant and/or Legal Representative has been informed of and agrees to the following rate for Adult Day Care services:

Daily / Weekly Rate: \$ _____

Billing

Billing for services is processed weekly, on Mondays, for services provided during the previous week, in accordance with the Facility's billing policies.

Financial Responsibility

The Participant and/or Legal Representative understands that they are financially responsible for services not covered by Medicaid, insurance, or other authorized payer sources, as applicable.

Changes to Rates

Any changes to the rate will be provided in writing at least thirty (30) days in advance, unless otherwise required by payer guidelines or applicable regulations.

Discharge

Services may be discontinued upon voluntary discharge requested by the Participant or Legal Representative, or involuntary discharge due to medical reasons, changes in eligibility, inappropriate behavior, or non-payment, in accordance with Facility policy and applicable regulations.

Acknowledgment & Signature

By signing below, I acknowledge that the admission terms, rate, billing process, and financial responsibilities have been explained to me and that I understand and agree to the terms outlined above.

Participant / Legal Representative Signature: _____

Printed Name: _____

Date: _____

Relationship to Participant (if applicable): _____