



## ROYAL PALM ADULT DAY CARE CENTER

### SERVICES, RATES & FINANCIAL AGREEMENT

#### Participant Information

Participant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Start of Care (SOC) Date: \_\_\_\_\_

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#### Services Provided

Royal Palm Adult Day Care Center, Inc. provides non-residential adult day care services designed to support participants in a safe, supervised, and person-centered environment. Services may include, but are not limited to, socialization, recreational activities, supervision, meals and snacks (as applicable), and assistance with self-care as permitted by law.

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#### Rates and Fees

The Participant and/or Legal Representative has been informed of the applicable rates for the services provided by Royal Palm Adult Day Care Center, Inc. Charges are based on the services and authorized days of attendance.

Billing for services is processed on a weekly basis. All charges are generated and billed on Mondays for services provided during the previous week.

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#### Payment Terms

The Participant and/or Legal Representative understands and agrees that payment is due in accordance with the weekly billing cycle described above. Any changes to rates or fees will be provided in writing at least thirty (30) days in advance, unless otherwise required by payer guidelines or applicable regulations.

**Absences and Attendance**

In the event a participant is unable to attend the Facility for any reason, the Participant and/or Legal Representative is required to notify Royal Palm Adult Day Care Center, Inc. at least forty-eight (48) hours in advance, except in cases of emergency or circumstances beyond the Participant's reasonable control. Absences due to medical appointments will be considered excused when written verification of the medical appointment is provided to the Facility.

When a participant is scheduled to attend the program three (3) days or fewer per week, missed scheduled days will be billed unless the absence is medically excused. In such cases, the participant may make up the missed day(s) within two (2) weeks of the original scheduled date.

All charges will be applied in accordance with the Facility's billing policy, regardless of attendance, except as outlined above.

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**Discharge / Termination of Services**

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.

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**Financial Responsibility**

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

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**Acknowledgment & Signature**

By signing below, I acknowledge that the services provided, rates, billing process, payment terms, attendance and absence policies, and discharge procedures have been explained to me and that I understand my financial responsibilities.

Participant / Legal Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Participant (if applicable): \_\_\_\_\_