Norwood Seniors Network

6009 N. Nina Chicago IL 60631 Office 773-631-5673 / On-Call Phone 773-841-4033

TRANSPORTATION AGREEMENT

This Services Agreement is entered into as of	_ (hereinafter
referred to as "Effective Date") by and between	("Client")
and, if applicable, an	authorized
representative of Client, on behalf of Client, and Norwood Seniors Networ	k Association
d/b/a Norwood Seniors Network ("NSN"), an Illinois licensed, bonded and i	nsured Home
Services Agency, with an office at 6009 North Nina Avenue, Chicago IL 60)631 ("NSN").
The parties hereto agree as follows:	

1. TERM AND TERMINATION

a. <u>Term</u>. This Service Agreement for care is in effect as of the Scheduled Effective Date. Unless otherwise terminated as described herein, the Term of this Agreement shall start on the first day of service and will automatically renew, on a month to month basis, following the first month of service.

2. PAYMENTS

- a. In consideration of NSN's agreement to provide the Services, Client agrees to pay to NSN the fees set forth in Schedules hereto, to be invoiced in the amounts and at the times provided for therein. Client hereby agrees to make such payment within ten (10) days of receipt of the NSN billing statement. A current fee schedule is attached to this agreement.
- b. All fees are required to be paid when billed. CLIENT understands that CLIENT'S failure to pay for Services in a timely manner may result in NSN taking action to suspend Services as provided hereunder. If all, or a portion of, any months' previously billed fees are not paid by the time a subsequent month's billing occurs, the outstanding past due balances will have a 1.5% per month charge assessed. These fees will continue to be charged monthly until balances are paid, even if services are no longer being provided. Clients, Family Members and Responsible Parties agree to pay upon demand all of NSN's costs and expenses, including NSN's attorneys' fees and legal expenses incurred in connection with the collection of unpaid fees due NSN. Costs and expenses include NSN's attorneys' fees and legal expenses whether or not there is a lawsuit, including attorneys' fees and legal expenses for bankruptcy proceedings, appeals, and any anticipated post-judgment collection services.

3. RELEASE FROM CLAIMS

Except for any liability resulting from the gross negligence or misconduct of NSN, Client hereby releases and waives any and all claims whatsoever and promises not to sue NSN, or any Affiliate of NSN, and their officers, employees and agents for any loss or damage as a result of Services provided.

4. MISCELLANEOUS

a. <u>Notices</u>. Except as otherwise provided in this Agreement, all notices, requests, consents, and other communications required or permitted under this Agreement shall be in writing and signed by the party giving notice. Notices shall be given in writing by regular mail at the following addresses or to such other address as either party may designate for itself by notice given to the other party from time to time in accordance with the provisions of this Service Agreement. This will include any rate adjustments.

	6009 N. Nina Äve. Chicago, IL 60631 Attention: Executive Director (Telephone: (773) 631-5673)	Please Send Billing to:
If to Client:		
combined per addition, NSN insurance. Wo Bodily Injury b	SN shall maintain a policy of general sonal injury and property damage limits shall maintain a policy of workers corker's Compensation – Statutory Limits by Accident Each Accident; \$500,000 Bookly Injury By Disease.	of \$3,000,000 per occurrence. In compensation/employer's liability and Employers' Liability \$100,000
	CONSENT FOR SERVICES	
I agree to allow Norwe	ood Seniors Network to provide caregivii	ng services to me. I authorize
Norwood Seniors Nets	work and other necessary service provid	ers to enter my place of residence
to do an assessment a	ind to provide additional services as indi	cated in my care plan.
Please see plan of care	e for detailed description of services prov	ided.
Date Services to Comr	mence:	

Norwood Seniors Network

2023 Rates (Revised August, 1 2023)

<u>Transportation Services</u> These services are based on mileage. Clients must be weight bearing; vehicle is a 4-door sedan which can also hold a transport wheel chair or walker in trunk. A service time fee of \$36.00 per hour (billable in 15 minute increments) will be charged when the driver is expected to wait for or accompany the client beyond 15 minutes post arrival to destination. All rides cancelled with less than 24 hours' notice, unless due to emergency, will be billed at the rate of \$38.00

Escorted Transportation

0 to 5.0 Miles	\$38.00
5 to 9.0 Miles	
9 to 13.0 Miles	
13 to 17.0 . Miles	
1 /+ Milles	\$58.00 + \$5 more for each 5 miles

Mileage is calculated from 6009 N. Nina Ave to your final destination.

For example: Norwood calculates mileage from the office to your home, your home to your destination and back to your home. It will be half the cost if a one way.

Initials/Date	
minais/Date	

CLIENT INFORMATION

CLIENT NAME:	
Address:	
	Cell Phone:
Date of Birth:	Age:
Client's current location (circle):	home / hospital / nursing home / other
Living arrangement	
☐ Cognitive Impairment	
☐ Hearing Impairment	Hearing Aids: YES / NO
☐ Mobility Issues	
☐ History of fall	
☐ Cane, Walker, Wheelchair	r (transfer, folding only)
□ visual Impairments	
Blind	
Glasses	
☐ Contact Lenses	
EMERGENCY CONTACT	
Name:	
Relationship to Client:	
Addross:	
Home Phone	Cell Phone
(Email Address):	