



## Weekly Invoice for Companion Services

This is an agreement between: (please print)

**Client** (print name) \_\_\_\_\_ and **Companion** (print name) \_\_\_\_\_

By signing below, the Client (or Client's Representative) is aware of and agrees that the role of Just Like Family Home Care (JLFHC) in this agreement is to act as the billing and collection agent for the independent contractor (Companion) specified above. To support billing and reimbursement, as well as other documentation requirements, the Companion will specify below the services he/she provided to the client, and will submit such completed form to JLFHC weekly for filing and appropriate action, as required by the State of Florida's Agency for Health Care Administration (AHCA). Also, the Companion will notify JLFHC, as well as the client's caregiver, regarding unusual incidents or significant changes in the client's appearance, behavior or condition (including hospitalization). The signature of the Client/Client Representative provided for each item below indicates that he/she has reviewed the information specified for accuracy, including actual hours worked, and applicable mileage, toll or other expenses incurred by the Companion, and that he/she agrees to pay JLFHC for such services and expenses.

The Client/Client Representative should not sign off on items below if the information specified is either incomplete or not correct.

Services Provided																										
	M	O	N	T	H	D	A	Y	E	A	R	Start Time	End Time	Total Time	Companionship	Hands-off Supervision	Prepare Meals	Grocery Shopping	Appointments	Stabilize When Walking	Casual Cosmetic Assistance	Laundry	Change Linens	Light Housekeeping	Client/Client Representative Signature	
	M											AM PM	AM PM													
	T											AM PM	AM PM													
	W											AM PM	AM PM													
	T											AM PM	AM PM													
	F											AM PM	AM PM													
	S											AM PM	AM PM													
	S											AM PM	AM PM													

Mileage expenses (including bridge tolls) must be paid when the Companion uses his/her vehicle to provide transportation to the client. Toll expenses also must be paid when the Companion pays a toll to travel from his/her home to the client's home. The Companion will be reimbursed at the mileage reimbursement rate prescribed by the IRS without any fees or other charges paid to JLFHC, and reimbursement for tolls will be paid at actual cost. Examples of "other" expenses would be groceries or supplies, and those will be paid at actual cost.

Expense Reimbursement							
	Mileage			Tolls	Other	Reason for Other Expenses	Client/Client Representative Signature
	Total Miles	From (City)	To (City)	Tolls (\$)	Other Expenses (\$)		
M							
T							
W							
T							
F							
S							
S							