

MemoryCare

Located on the Givens Estates Campus

100 Far Horizons Lane

Asheville, North Carolina 28803

(828)771-2219

www.memorycare.org

CAREGIVER FINANCIAL AGREEMENT

I understand MemoryCare is a non-profit charitable corporation established to provide assessment, clinical care, and caregiver support for memory impaired individuals and their families.

I understand the program will file Medicare or other insurance for the medically necessary care given to the patient/caregiver. The patient will be responsible for any deductible amount that has not been met by their insurance or any co-payment that results from the clinical portion of the visit.

An additional fee, not covered by Medicare or other insurance, is charged to the caregiver. This \$550 per year caregiver Fee is **payable from the caregiver** on the initial visit (the \$50 deposit will be applied to the caregiver fee and the remaining \$500 will be due at the time of the appointment unless other arrangements have been made). Please note that the caregiver fee cannot be paid by the patient as medically necessary services to the patient are covered by Medicare. This fee covers services for the supportive care and training of caregivers over a one year period. Such services include caregiver support, the use of our library resources, workshops, and our caregiver training and education course. This fee is necessary for our program to provide the quality of service appropriate for caregivers of memory impaired individuals; however, we pursue charitable funding so that no family will be denied this service due to inability to pay.

I understand that if this fee is a financial burden, I should contact the office prior to the visit to make special arrangements.

Caregiver Name (Printed) _____

Caregiver Signature _____ Date _____

Caregiver Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____

****PLEASE RETURN THIS SIGNED FORM WITH THE PRE-VISIT QUESTIONNAIRE AND DEPOSIT CHECK***