



The SECU Center for MemoryCare
100 Far Horizons Lane, Asheville, North Carolina 28803
(828)771-2219, www.memorycare.org

CAREGIVER FINANCIAL AGREEMENT

I understand MemoryCare is a community-based, charitable, non-profit organization established to provide support and care for families impacted by dementia. The care includes education, support and training for caregivers and expert medical care for the person living with dementia. To cover the cost of their services, MemoryCare raises charitable funds, charges patient insurance and has a cost-sharing caregiver fee that can be reduced or waived if there is financial hardship. The following is information about the fees, including the caregiver fee portion, for which I am acknowledging that I will be responsible:

- *Patient (person with cognitive impairment) Fees:* I understand MemoryCare 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.
- *Family/Caregiver Fees:* I understand that because MemoryCare’s program includes services for families that are known to be vital for the best care of a person living with dementia, but are *not* covered by Medicare or any type insurance, ***an additional fee of \$695 per year is charged to the caregiver/family*** to help cover the cost.
 - This annual *Caregiver Fee* is payable from the caregiver on the initial visit.
 - Because medically necessary services to the patient are covered by Medicare or other insurance, but services we provide families are not fully covered, I understand that *this caregiver fee is charged to the family/caregiver and cannot be paid by the patient.*
 - I understand that the \$50 deposit for our appointment will be applied to the caregiver fee and *the remaining \$645 will be due at the time of the initial appointment* unless other arrangements have been made.

MemoryCare pursues charitable funds to keep this caregiver fee as low as possible and to ensure that no family will be denied service due to inability to pay. ***If the fee is a financial burden, I can contact the Scheduler to make arrangements-*** I have been told that they will work with families to ensure all receive the care needed.

I understand that the caregiver fee covers services for the supportive care, education, and training caregivers/families receive over a one year period and that such service is an integral part of MemoryCare’s program. Such services include, but are not limited to caregiver support, use of our library resources, workshops, and our caregiver training and education course.

I understand that I should contact the scheduler *prior to the visit* to make special arrangements if needing financial assistance.

For Caregiver fee billings:

Caregiver Name (please print): _____

Please check if also to receive patient fee billings

Caregiver Signature _____ Date _____

Caregiver Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____

NOTE: Please see our website at www.memorycare.org for more detailed explanation of what is covered by our Caregiver Fee. MemoryCare will reduce or waive this fee for anyone unable to pay. Thank you.