

## JEREMY'S PLACE, INC.

4910 Jonesboro Road Bldg. 200 Ste. 201 Union City, Ga 30291

770.969.9334 OFFICE | 770.969.9337 FAX

### **AGREEMENT OF PAYMENTS**

These are of the payment plans that you may select from. Please review these plans and select one by filling out the bottom portion of this form.

1. MEDICAID

\_\_\_\_COMP WAIVER ONLY JEREMY'S PLACE INC. will bill accordingly

\_\_\_\_NOW WAIVER ONLY JEREMY'S PLACE INC. will bill accordingly

\_\_\_\_Individual Support Solutions Waiver/Voucher

2. MEDICAID

\_\_\_\_SOURCE WAIVER ONLY JEREMY'S PLACE INC. will bill accordingly

\_\_\_\_SOURCE WAIVER ONLY JEREMY'S PLACE INC. will bill accordingly; Extended Care Services paid (daily or PRN/ weekly/ monthly) at the individual's expense at an hourly rate of \$\_\_\_\_\_

\_\_\_\_CCSP WAIVER ONLY JEREMY'S PLACE INC. will bill accordingly;

\_\_\_\_CCSP WAIVER ONLY JEREMY'S PLACE INC. will bill accordingly; Extended Care Services paid (daily or PRN/ weekly/ monthly) at the individual's expense at an hourly rate of \$\_\_\_\_\_

3. PRIVATE PAY At the beginning of the service month.

4. PRIVATE PAY Discount payment due at the beginning of service NON-REFUNDABLE (Drop-ins must call in at 9am for Director's Approval)

5. SUB-CONTRACT/ VOULCHER:

Payment due (weekly or monthly) on \_\_\_\_\_ (day or date) in the amount of \$\_\_\_\_\_

I \_\_\_\_\_, selected the payment plan option (s) \_\_\_\_\_.

Representative's Name (Print)

**I AGREE TO THE ARRANGEMENTS OF THE PLAN I SELECTED**

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date