

Medical Service Agreement for In-Home Healthcare

Date: _____

Parties:

Provider: [Provider's Name]
Address: [Provider's Address]
Phone: [Provider's Phone Number]
Email: [Provider's Email]

Client: [Client's Name]
Address: [Client's Address]
Phone: [Client's Phone Number]
Email: [Client's Email]

1. Services Provided

The Provider agrees to provide the following services:
[List of services offered]

2. Term of Agreement

This agreement shall commence on _____ and shall continue until _____ unless terminated earlier in accordance with the terms of this Agreement.

3. Compensation

The Client agrees to pay the Provider a fee of \$_____ per [hour/week/month] for services rendered.

4. Responsibilities of the Provider

The Provider agrees to:

- Provide services in a professional and competent manner.
- Maintain confidentiality of the Client's medical information.

5. Termination

Either party may terminate this agreement with a written notice of [number] days to the other party.

6. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the state of [State].

7. Signatures

By signing below, both parties agree to the terms and conditions set forth in this Medical Service Agreement.

Provider's Signature

Date: _____

Client's Signature

Date: _____