

# Long-Term Care Provider Contract Agreement

Date: [Insert Date]

Provider Name: [Insert Provider Name]

Provider Address: [Insert Provider Address]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

## 1. Services Provided

The Provider agrees to provide the following long-term care services to the Client: [Specify services].

## 2. Duration of Contract

This contract shall commence on [Start Date] and continue until [End Date], unless terminated earlier in accordance with the terms of this agreement.

## 3. Compensation

The Client agrees to pay the Provider [Insert Amount] per [Insert Timeframe] for the services rendered.

## 4. Responsibilities of the Provider

The Provider shall perform the services to the best of their abilities, adhering to all applicable laws and regulations.

## 5. Termination

This contract may be terminated by either party with [Insert Notice Period] written notice.

## 6. Signatures

By signing below, both parties agree to the terms outlined in this contract.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_