



**Premier Care Nurses of America**  
**5350 W Hillsboro Boulevard Suite 202,**  
**Coconut Creek, Florida 33073**  
**Tel: 954-531-6121**

(Print) Client Name: \_\_\_\_\_

(Print) Caregiver Name: \_\_\_\_\_

Always Report!

**Caregiver fax line only: 954-482-0549**

Always report!

χ<sup>2</sup><sup>nd</sup> shift>>: only if you provided service for a patient more times in one day.

**HHA, CNA, LPN, RN, CARE MANAGEMENT 24/7/365**

**IMPORTANT: READ BEFORE SIGNING**  
**NOTICE TO CLIENT AND EMPLOYEE/CONTRACTOR**

“I” means the client, caregiver and/or any authorized or informal representative signing this form.

1. I (Client) agree to make FULL PAYMENT immediately on receipt of invoice. I agree to pay interest on unpaid accounts over 30 days at 1.5% per month (18% per year), not to exceed highest legal rate. I agree to pay reasonable attorney fees and court costs for all collection of past due accounts (over 30 days).
2. I (Client) will be billed for 4 hours if cancellation after arrival of caregiver.
3. I (Client) will be billed time and a half for holidays.
4. I (Client) recognize the rights of Premier Care Nurses of America, Inc. as the referring agency. I agree not to interfere with the relationship between Premier Care and its employee/ contractor, and I agree not to hire the person named on this sheet for a period of (24) months following termination or interruption of this assignment. If I do, I agree to pay Premier Care Nurses of America, Inc a sum equal to 95% of the amount PCNA billed to me (client) in the last 90 days of service but not to be less than \$7,500.00 for Recruitment and training costs, plus any attorney fees and costs incurred by Premier Care Nurses of America, Inc. in attempting to collect such liquidated damages.
5. I (Client) agree to not arrange schedules directly with the caregiver (this is for my own protection). I will inform the Agency directly of my desired schedule changes.

	Date	Time In	Time Out	Total	Client Signature
SUN					X
	2 <sup>nd</sup> shift				
MON					X
	2 <sup>nd</sup> shift				
TUES					X
	2 <sup>nd</sup> shift				
WED					X
	2 <sup>nd</sup> shift				
THUR					X
	2 <sup>nd</sup> shift				
FRI					X
	2 <sup>nd</sup> shift				
SAT					X
	2 <sup>nd</sup> shift				
		<b>Total week hours</b>			<b>Client must sign daily</b>

CLIENT: \_\_\_\_\_  
 Print Signature Date

HHA/CNA/RN/LPN: \_\_\_\_\_  
 Print Signature Date  
Always report! Always report! Always report!

**\*\* TIME SHEETS ARE DUE EVERY MONDAY BY 12 (PM) NOON \*\***

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