

## Member Type

### Individual Full Membership

\$15/mo (\$45/qtrly)     \$180/annual + 1 month FREE

### Household (2 adults) Full Membership

\$25/mo (\$75/qtrly)     \$300/annual + 1 month FREE

### Individual Social Only

\$10/mo (\$30/qtrly)     \$120/annual + 1 month FREE

### Household (2 adults) Social Only

\$15/mo (\$45/qtrly)     \$180/annual + 1 month FREE

Financial assistance may be available for those who meet income qualifications.

# billing

## agreement



Date: \_\_\_\_\_

## Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Payment Option      Quarterly      Annual (includes one free month)

Payment Type      Check      Credit Card

Annual membership begins once payment is received. Members are eligible to access all services once intake and the initial interview have been completed. A limited amount of membership scholarships may be available at the discretion of the Neighbor to Neighbor board for those who qualify financially.

Detailed information is available upon request and on our website. Please review the following policies:

### Limitation of Services

\_\_\_\_\_ I understand the above annual cost for membership does not guarantee volunteer availability for all requested services.

\_\_\_\_\_ I understand that if I request a referral for a third party provider / contractor from Neighbor to Neighbor that I will receive a bill directly from the third party provider.

\_\_\_\_\_ Union County Neighbor to Neighbor is not a provider of emergency services or health care services and does not employ licensed health professionals.

\_\_\_\_\_ **Limitation of Membership** - Membership is limited to certain criteria and may be discontinued in the following or similar situations:

Member or caregiver refuses service, member is bed-bound or has an extreme physical or mental deterioration beyond program capabilities, member requires 1:1 care / assistance,

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# billing agreement

Name: \_\_\_\_\_

## Limitation of Membership Cont...

member displays destructive behaviors towards self or others, member enters a nursing home permanently, member resides in unsafe living conditions, repeated cancellation of service, non-payment of membership fee, any false or misleading statement on the application, or any other reason in the best interest of the member, volunteer, or Neighbor to Neighbor board or staff.

## Discharge Policy

Written notification of discharge will be given to the member or legal guardian at least 14 days prior to dis-enrollment. See Limitation of Membership (above) for possible discharge criteria. To appeal a dis-enrollment decision, you may request a copy of the Grievance Policy and complaint form by contacting:

**Executive Director or Board of Trustees President**  
Union County Neighbor to Neighbor  
129 N Main Street, Marysville, OH 43040

As appropriate, members may continue to receive services during the appeals process. If participation in the program is no longer feasible, Neighbor to Neighbor staff will be available to assist the member in making alternative service arrangements.

\_\_\_\_\_ I understand the Union County Neighbor to Neighbor enrollment and termination criteria and have had any questions regarding these issues answered to my satisfaction.

## Referral Policy

Union County Neighbor to Neighbor is not affiliated with the third party providers it may recommend and does not assume any responsibility or liability stemming from the conduct of third party providers.

Requests for service from a volunteer or service provider should be made at least seven business days in advance of requested service. Staff will respond to inquiries within two business days of the initial request. Union County Neighbor to Neighbor operates on a volunteer first policy. If no volunteer is available, or if the requested service is beyond the capacity of a volunteer, then members will be offered a referral from the preferred provider list.

\_\_\_\_\_ As a Union County Neighbor to Neighbor Member I hereby release and discharge Union County Neighbor to Neighbor from all responsibility or liability for services rendered by any third party providers, and I agree to hold Union County Neighbor to Neighbor harmless from and against any cost expenses or damages (including without limitation, reasonable attorney's fees) arise-to in connection with any and all claims brought by or through me, including but not limited to claims brought by my insurance carrier.

## Photo Release

My permission is granted to photographs / videos taken of me at Neighbor to Neighbor programs or activities to be used for the purpose of promoting Neighbor to Neighbor programming.

Yes    No

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# billing agreement

Name: \_\_\_\_\_

## Privacy and Emergency Contact Information Collection

Union County Neighbor to Neighbor will maintain written and electronic emergency information including emergency contacts and authorization to seek treatment if necessary. In the event of an emergency, Union County Neighbor to Neighbor will call 9-1-1 and remain on the phone until authorities arrive. Union County Neighbor to Neighbor will then contact the emergency contacts that were provided by the member.

My permission is granted to share information with my identified emergency contacts.  Yes  No

\_\_\_\_\_ I have been provided information for emergency procedures and understand that staff will follow these procedures in the event of an emergency.

\_\_\_\_\_ I understand that all employees and volunteers are bound by the Union County Neighbor to Neighbor Client Confidentiality Policy, and I in turn will protect the confidentiality of my fellow participants.

## Emergency Contact Information

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Address \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Relevant Medical History / Conditions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I understand that this is a binding agreement that may be reviewed by an attorney or trusted advisor of my choosing. The signature below indicates understanding and agreement of the above payment and policies and indicates who is responsible for the payment of services.

Signature of Participant / Representative \_\_\_\_\_ Date \_\_\_\_\_

Neighbor to Neighbor Staff \_\_\_\_\_

