

Whitebridge Service Agreement

This Service Agreement ("Agreement") is made between Whitebridge Pulmonary Care ("Provider") and the undersigned client ("Client").

Services Provided:

Whitebridge Pulmonary Care will provide respiratory therapy services as prescribed by the client's healthcare provider and mutually agreed upon in the care plan.

Service Schedule:

The schedule for services will be coordinated with the client and subject to change as needed.

Payment:

Fees will be discussed and agreed upon before services begin. Clients are responsible for any co-pays, deductibles, or non-covered services.

Cancellation Policy:

Please provide at least 24 hours' notice for cancellations. Repeated missed appointments may result in termination of services.

Termination of Services:

Either party may terminate this agreement with written notice. In case of client non-compliance or safety concerns, services may be discontinued immediately.

Client Name: _____

Client Signature: _____ Date: _____

Provider Representative: _____ Date: _____