**GRACE HOME HEALTH CARE**

**Contract addendum**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, contractor with GRACE HOME HEALTH CARE, agree to the following addendum to our existing contract.

1. I will not under any circumstances bill the patient/client for any services or care I have provided.
2. I will adhere to the Social Security Act section 1861(w).

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

Contractor print name

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

Contractor signature

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

Date