

Destiny Medlink LLC
DESTINY MEDICAL EXCHANGE LLC
2000 SOUTH DSAIRY ASHFORD STE292
HOUSTON TX 77077
CONTRACT AGREEMENT

This contract is intended for use when any level of licensed employee is providing services

On a "Fee-for-Services agreement."

This contract is to confirm the agreement with -----to provide Occupational Therapy services per job description. Services to be furnished to patients assigned by DESTINY MED LINK, LLC. Located at 14814 Alderwick Drive. Sugarland, Texas 77498 per order of the physician and a plan of care.

1. The patients are accepted for care only by the Contract Agent and will initiate services within 72 hours of the physicians order or start of care.
2. The Contracted agent will conform to all applicable agency policies, including personnel qualifications, by reviewing all policies and procedures provided by the agency in the "Contract Service orientation pack"; signing acknowledgement (where required) for all policies that will be filed in the Agent's personnel file. The agent will provide all documentations required for qualifications and provide renewal updates in a timely manner. Copies of all qualifying documentation and verifications must be in each Agent's personnel file and kept current before patient contract.
3. The Contract Agent will share the responsibility for participating in developing plans of care, by attendance in case conferences, discharge planning, or providing information by telephone conference or in writing to contribute on each patient for which the agent is providing services.
4. The services will be supervised by the Director of Nursing, of his/her designee. The coordination of services will likewise be the responsibility of the Director of Nursing. If

the agents providing services. The evaluation of care provided will be conducted by Home health Agency by periodic "Professional Supervisory Visits," by quality improvement Studies, by periodic and on going documentation review.

5. The Agency will provide the contracted Agent with the policy and procedure for submitting clinical and progress notes, the "Deadline for paper work" is among the policies signed by the agent and filed in the agents personnel folder. The scheduling of visits is the sole responsibility of the contractor. Therefore, when Ancillary referral is initiated, the liaison for the services must coordinate the visit frequencies IMMEDIATELY following the recommendations of the agent and a physician's authorization. Periodic patient evaluation is the responsibility of the Home Health Agency, at such intervals as required by the Agency Policies.
6. The agency has established procedures for payment for services, which is hereby furnished under this contract:

- _____ Initial Psycho-social Assessment
- _____ Follow up
- _____ Re-certification/discharge
- _____ Meeting/Education
- _____ Conduct chart audits monthly

Payments shall be received every other Friday or as other employees are paid.

All visits are \$_____ except cities listed below.

Galveston, Texas City, Hempstead, Dayton, Tomball, Conroe, Kingwood, Wharton, Huntsville, Cold Springs, Baytown, La Porte, Cypress, Sealy, Columbus, Montgomery, Magnolia, Humble, Livingston, Highland and Cleveland.

This contract agreement may be cancelled by either party without cause upon giving a two weeks (14) days written and/or verbal notice.

**This contract is effective as of the date of signatures:

Signature of the Independent Contractor: _____

Date: _____

Destiny Medlink, LLC. Director: _____

Date: _____