BUCKS MED LLC

Personal Care, Delivered.
Compassionate Care. Professional Support.

SERVICE AGREEMENT

Concierge RN Service Agreement

Djemimar Brutus, RN-MSN

Phone: (267) 774- 0919

Email: carepartner@bucksmedrn.com

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1. PURPOSE

This agreement outlines non-emergency, in-home nursing support services provided by a Registered Nurse in Pennsylvania.

Services are supportive and educational in nature and do not replace medical care.

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2. SERVICES

May include:

- Medication setup & education
- Wellness/safety checks
- Post-discharge support

3. NOT MEDICAL CARE

- No diagnosing or prescribing
- Not a substitute for physician care
- Emergencies → call 911

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4. CLIENT RESPONSIBILITY

Client agrees to:

- Provide full and accurate health info
- Follow up with providers as needed
- Maintain safe environment

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5. SCHEDULING & CANCELLATIONS

A minimum of **24-hour notice** is required to cancel or reschedule an appointment

Cancellations made less than 24 hours before the appointment:

- A **$50 late cancellation fee** will be applied
- Any prepaid amount will be **refunded minus the $50 fee**

No-show appointments:

- The **full payment is non-refundable**

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6. Payment

- Services are **private-pay only**
- **Full payment is required at the time of booking** to secure your appointment
- Cancellations made **less than 24 hours before the appointment**: Will incur a **$50 late cancellation fee**
- Accepted payment methods: Zelle, Cash App, Venmo, or Cash

7. Scope of Practice

RN will practice within PA scope and may refuse services if:

- Needs exceed scope
- Unsafe environment
- Non-compliance

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8. Liability

No guaranteed outcomes. RN is not responsible for issues related to:

- Non-compliance
- Incomplete information

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9. Confidentiality

Client info kept private per applicable standards.

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10. Agreement

Client agrees to all terms.

Client Signature:

_____

Date: _____

RN Signature:

_____

Date: _____

CLIENT CONSENT FORM

Consent for Concierge Nursing Services

I, _____, consent to receive in-home services from **Bucks Med LLC**.

I understand:

- Services are non-emergency and supportive
- No medical diagnosis or prescribing will occur
- I can refuse services at any time
- Although RN may assist, I am ultimately responsible for contacting my provider for medical concerns

I authorize the RN to:

- Perform wellness checks
- Review medications
- Provide education

Client Signature: _____

Date: _____

HIPAA ACKNOWLEDGMENT

Privacy Acknowledgment

I understand that my personal and health information will be used only for providing nursing services.

My information will:

- Remain confidential
- Not be shared without my permission unless required by law
- Written consent will be required to share my information otherwise

Client Signature: _____

Date: _____

PRICING SHEET

Concierge RN Services – Pricing

Medication Setup & Education

- First Visit $100. Subsequently $75 per visit (as needed weekly), $125 (as needed monthly)
- Includes pillbox organization + education
- Identify and resolve issues such as duplicates, confusing/unclear instructions, missed doses
- Assistance provided with calling provider for clarifications if needed

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Wellness / Safety Check

- First visit $150. Subsequently $100 per visit (as needed weekly), $175 (as needed monthly)
- Includes vitals, general assessment, blood glucose monitoring, weight trending (if needed)
- Evaluation of falls risk, environmental safety, overall compliance
- Assitance provided with contacting provider with concerns (if needed)

Post-Discharge Visit

- First visit $250. Subsequently $200 per visit (as needed)
- Includes:
    - Medication review
    - Discharge instruction review
    - Safety assessment
    - Assistance provided with contacting provider for clarifications (if needed)

Payment Methods:
Zelle | Cash App | Venmo | Cash