



Seeking Serenity LLC
End of Life Doula
Miranda Abril
602-622-1008
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Seekingserenityaz.com

SEEKING SERENITY LLC

End of Life Doula Pricing Agreement

Date_____

Agreement start date_____

Agreement

1) Serviced Provided:

This agreement is between Seeking Serenity LLC ("Provider") and _____
("Client")

The Provider agrees to deliver services outlined in selected package (Marked below)

- ☐ Dorothea
- ☐ Gilbert
- ☐ Grace
- ☐ Blanche
- ☐ Phyllis

2) Allocated Hours:

The agreed-upon total hours for this package are as follows:

_____ Compassion care
_____ Caregiver Support
_____ Practical Support
_____ Final Days Support
_____ Total

3) Pricing:

Total cost of selected package is \$ _____

Additional services beyond agreed-upon package will be purchased under (tier 1,2,3) _____



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4) Terms and Discretion:

Services are subject to the Provider's professional discretion

The Provider reserves the right to modify or discontinue services if deemed necessary. Clients will be notified of such changes.

5) Payment Terms:

An initial payment of \$150 is required as a deposit before the first visit.

After the first visit is completed and both parties are satisfied, the remaining balance must be paid before the second visit, or a payment arrangement has been agreed upon.

6) Payment Options:

Payments can be made via the payment link provided on the Provider's website.

7) Payment Plan:

a) Deposit:

An initial payment of \$150 is required as a deposit to secure services before the first visit.

b) Down payment:

Down Payment: \$_____ (due at the start of the payment plan). All payment plans require a down payment equal to 25% of the total package price.

Remainder: \$_____ (balance to be paid according to the agreed payment plan or before additional services).

c) Payment plan options:

☐ **Plan A:** Package price divided into four equal payments of _____ due on _____

☐ **Plan B:** Pay as you go, with a down payment equal to the Final Days Support price of the selected tier.

Payment will be due before each session

Client Initial _____



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8) Default on Payment Plan:

If the Client defaults on the payment plan but has already paid the down payment, the following terms will apply:

a) Fewer than Three Compassion Care Sessions Completed:

The Client may receive a refund of the remaining portion of the down payment allocated for Final Days Support, excluding the cost of any completed sessions, if not already paid.

b) At Least Three Compassion Care Sessions Completed:

If the Provider determines that the Client's full wishes and preferences have been adequately documented, the Client will still receive the complete Final Days Support service as outlined in the package description.

Services between the Provider and Client will then pause, no refund will be issued, and the Client may contact the Provider when the Client or loved one has reached 40% on the palliative performance scale to resume and complete the Final Days Support Services.

9) Refunds:

To ensure clarity and mutual understanding, the following refund policy applies to all services and packages.

a) Eligibility of Refunds:

Refunds may only be considered if requested before the completion of the third Compassion Care session. After this point, no refunds will be issued.

b) Refund Requests:

Must be submitted promptly and early in the service relationship. Any concerns or dissatisfaction must be communicated immediately to allow the Provider an opportunity to address and resolve the issue.

c) Refunds will not be granted for subjective opinions or dissatisfaction expressed midway or later in the service relationship

d) Refunds will not be issued based on changing circumstances, such as funeral planning or financial concerns that arise later.



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e) If a client has concerns or is dissatisfied with any aspect of the service, they are encouraged to communicate these concerns as soon as possible. The Provider is committed to addressing issues in a timely and professional manner.

f) Refunds, if applicable, are granted at the sole discretion of Seeking Serenity LLC. Requests made after significant progress or completion of services cannot be accommodated.

By engaging Seeking Serenity LLC's services, the Client acknowledges and agrees to these refund terms. This policy is in place to ensure fairness and to maintain the integrity of the services provided.

Client initial _____

10) Milestones:

The Provider will track service hours and update the Client on the remaining hours throughout the relationship.

11) Errand Assistance:

- a) The Client will provide a method of payment (e.g., cash, debit/credit card) for personal errands.
- b) The Provider will maintain receipts and a ledger for all expenses.
- c) An additional conversation will occur before Final Days to ensure no logistical issues arise during that important time

12) Confidentiality:

The Provider agrees to maintain confidentiality regarding all interactions, discussions, and services provided unless legally required to disclose information.

13) Limited Liability:

The Provider is not liable for outcomes beyond their control, including medical emergencies or decisions made by the Client or their family.



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14) Legalities and Scope of Practice:

By initialing below, the Client acknowledges understanding the Provider's scope of practice:

_____ I understand the Provider cannot provide medical assistance or administer medication.

_____ I understand the Provider cannot provide bathroom support.

_____ I understand the Provider cannot call time of death.

_____ I understand the Provider cannot assist with Medical Aid in Dying (MAiD).

_____ I understand the Provider cannot provide legal or financial advice.

_____ I understand the Provider cannot touch the individual after they have passed.

15) Acknowledgement:

By signing below, the Client agrees to the terms outlined in this agreement.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____