



# PLAN OF MD-DC, INC.

604 S. Frederick Ave., Suite 411, Gaithersburg, MD 20877  
(301) 740-8444 (301) 740-8455 fax

## CONTRACT FOR PLAN'S SERVICES

CLIENT NO. \_\_\_\_\_ (To be assigned by PLAN)

CLIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PAYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

This contract is to acknowledge that you have applied to PLAN for services to be rendered to the client listed above. An important part in PLAN's delivery of services is the development of a Personal Plan of Care. This Plan includes detailed information on the client's history and a description of the services that PLAN will provide on a monthly basis. An initial Personal Plan of Care will be developed based on information provided by the family during the intake process, and on an initial interview with the beneficiary. A comprehensive Personal Plan of Care will be developed by the case manager within the first few months of service. The Plan of Care will be updated at least annually.

The fee for PLAN's case management services is \$105.00 per hour. All time spent either providing family support or services for the client is billed, including but not limited to virtual and in person meetings, travel time, all correspondence and other paperwork, and all telephone contacts. The payer will also be charged for the cost of mileage. Membership in PLAN is also required, at the rate of \$130.00, due immediately upon signing the contract and then due on an annual basis.

This contract may be terminated by either party upon 30 days notice, but if terminated by you, such termination shall not affect your obligation to pay for services furnished by PLAN prior to PLAN receiving notice of your desire to terminate this agreement.

PLAN's ability to provide the services specified in this contract is dependent upon the adequacy of the information supplied by the Responsible Party and the Client and sources furnished by them. If information pertinent to the proper care of the Client was not disclosed to PLAN during the initial consultation or thereafter, or if the information supplied was incomplete, incorrect, or misleading, then PLAN reserves the right either to terminate this agreement and discontinue all services immediately or to continue providing services only under such conditions as PLAN deems appropriate.

INITIALLY PLAN WILL PROVIDE THE FOLLOWING SERVICES:

1. Establish a working relationship with the client and the family
2. Complete a Personal Plan of Care
3. PLAN will provide other services which are consistent with its mission and designed to help the client to manage his/her/their disability more effectively. The scope of services is established by the clinician and payer.

After the initial period the services to be provided by PLAN will be specified in the Personal Plan of Care.

My signature below signifies my agreement to the terms of this contract.

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marla N. Ker, LCSW-C, Clinical Director

\_\_\_\_\_  
Date