



SERVICE AGREEMENT

Name(s): _____ Date: _____

MCP & Bookkeeping Services, Inc. will provide the following services at your request. By initialing the services you want to receive, you are agreeing to hire MCP & Bookkeeping Services, Inc. to act on your behalf to provide those services. After choosing the services, please sign and date the agreement in the space provided at the bottom of page two.

Confidentiality

MCP & Bookkeeping Services, Inc. will provide confidential and professional services to you. We will not disclose any medical, financial or personal information about you except as you authorize. Exceptions to this clause: MCP & Bookkeeping Services, Inc. are Mandatory Reporters. As a mandatory reporter, we MUST by law make a report if we have reason to believe abuse, abandonment, neglect, or financial exploitation of a vulnerable adult has occurred.

Financial Services:

MCP & Bookkeeping Services, Inc. will, if requested assist you with checkbook balancing and other bookkeeping services, such as bill paying, tracking your banking account with computer software, providing reports of those tracked accounts to assist you during tax time.

MCP & Bookkeeping Services, Inc. will act as Trustee for your Trust as you request. We will oversee the investment of your funds by a professional company of your choosing. We will provide a yearly accounting to the beneficiaries of the Trust and/or to the Court.

MCP & Bookkeeping Services, Inc. will act as your Power of Attorney and/or your Personal Representative of your estate as you request with your attorney preparing these documents.

Case Management

MCP & Bookkeeping Services, Inc. will manage all or some of your personal care, such as helping you hire in home caregivers, housekeepers, or transportation services. We will also assist you with researching retirement or nursing homes and make those transitions as smooth as possible if that is necessary.

_____ Initial(s)

Questions

MCP & Bookkeeping Services, Inc. representatives will be happy to answer any questions about services or other matters. Please call (360) 943-5071. We are licensed with the State of Washington, bonded through Propel Insurance Company and will provide references upon your request.

Services

Please **initial** the services you wish:

_____ Review, audit and record medical charges. Contact my providers for questions and information regarding these changes.

_____ Submit necessary claims to my insurance company for reimbursement. Monitor all reimbursement for completeness and proper payment according to my insurance company's policies and guidelines, including Long Term Care Insurance.

_____ Balance my checkbook each month and assist with paying bills.

_____ Track my banking accounts on the computer using Quicken® Home and Business

_____ Pay bills as a second signer on my checking account.

_____ Maintain an independent joint account with me to pay my bills.

_____ Provide me with year-end statements of my income and expenses, if MCP & Bookkeeping Services, Inc. tracked them for me, for the Internal Revenue Service.

_____ Arrange necessary Powers of Attorney at my request.

_____ Act as my Power of Attorney for Estate _____ and or Healthcare _____

_____ Provide Case Management, such as assisting me in hiring caregivers, housekeepers, retirement or nursing home placement; working with my doctors, dentists, and other health care professionals.

_____ Become the Personal Representative of my estate.

_____ All of the Services listed above.

_____ Other Services as follows: _____

Changes in Services

You may decide to add, change or stop services at any time by notifying MCP & Bookkeeping Services, Inc. as soon as possible. Since this agreement is a written contract, you cannot change it orally. Both you and MCP & Bookkeeping Services, Inc. need to agree to these changes to the contract in writing.

By signing this agreement I agree to the following:

- To pay (or authorize payment to) MCP & Bookkeeping Services, Inc. for services rendered, according to the Fee Schedule which I/we have reviewed. The Fee Schedule may be changed: MCP & Bookkeeping Services, Inc. will give me written notice of any changes. Payment on monthly statements is due fifteen (15) days after receipt. If the account is more than 90 days in arrears MCP & Bookkeeping Services, Inc. has the discretion to send the account to a collection agency, or discuss payment options with me/us.
- I/we understand it is very important that claim information be submitted to MCP & Bookkeeping Services, Inc. as quickly as possible so that I/we can receive my reimbursement. Therefore I/we agree to provide MCP & Bookkeeping Services, Inc. with any claim or payment information as soon as possible.
- I/we understand that MCP & Bookkeeping Services, Inc. cannot be held responsible if my benefits are denied or lost due to my/our failure to provide claim information in a timely manner.
- To fully disclose any information regarding Medicare, my/our insurance or benefit payments, as well as necessary financial information. If I/we have initial for those services to be provided by MCP & Bookkeeping Services, Inc.
- To execute necessary Releases of Information so MCP & Bookkeeping Services, Inc. can obtain necessary information in order to submit my/our claims to Medicare or my/our insurance company. If I/we have initial for those services to be provided by MCP & Bookkeeping Services, Inc.
- I/we understand MCP & Bookkeeping Services, Inc. cannot be held responsible for actions it does not control, such as overdrafts caused by purchases I/we have made exceeding my available checking account balance.

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- As my/our Bookkeeper, Case Manager, Payroll Assistant, Personal Assistant, I/we understand and accept my estate will be billed by and payment will be made to MCP & Bookkeeping Services, Inc. on a monthly basis. I/we also accept I/we will be paying fees for storage of my/our documents and future shredding of same.
- As my/our Power of Attorney, I/we understand and accept my estate will be billed by and payment will be made to MCP & Bookkeeping Services, Inc. on a monthly basis. I/we also accept I/we will be paying fees for storage of my/our documents and future shredding of same. If MCP & Bookkeeping Services, Inc. manage my/our accounts for me/us, I understand and approve payment will be made directly to them by them.
- As my/our Personal Representative, I/we understand and accept my estate will be billed by and payment will be made to MCP & Bookkeeping Services, Inc. on a monthly basis. I/we also accept I/we will be paying fees for storage of my/our documents and future shredding of same. As Personal Representative, I/we approve payment made directly to them by them.
- I/we understand if an agreement is made verbally or in writing regarding future payment of services due to our estate becoming insolvent this does not negate MCP & Bookkeeping Services, Inc. right to continue to track and bill for services provided. This also does not negate the ability of MCP & Bookkeeping Services, Inc. to recover payment of said services if funds become available. **No services will be provided “Pro-Bono” now or in the future by MCP & Bookkeeping Services, Inc.**

_____ Client Signature	_____ Date
_____ Client Signature	_____ Date
_____ Legal Representative	_____ Date
_____ MCP & Bookkeeping Services, Inc.	_____ Date