

CLIENT SERVICE AGREEMENT ADDENDUM
MODIFICACION AL CONVENIO DE SERVICIO

Date/Fecha: _____

Patient: _____
 (Paciente)

MR #: _____ SOC: _____

As part of your service/care, an adjustment to our agreement is necessary, please review the following addendum to our agreement and sign in the bottom as approval of the stated changes: *(Como parte de su servicio/cuidado nuestro acuerdo necesita ser modificado, por favor revise la modificación y firme abajo como prueba de su aprobación a los cambios)*

- Your physician made changes in your Plan of Care, as result the frequency of visit will be affected as follow: *(Su doctor ordenó cambios en su Plan de Cuidado, como consecuencia la frecuencia de visitas necesita ser modificada de la siguiente forma)*
- The Patient's Medications were reviewed, updated as needed. *(Las medicinas del paciente se revisaron y actualizadas)*
- The Patient's Emergency Plan was reviewed, no changes needed. *(Plan de Emergencia revisado, no se necesitan cambios)*

Discipline/*Disciplina* New Frequency (*Nueva frecuencia*)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Charge changes, explain: *(Cambio en los cargos, explicar)*

N/A

MD approved the changes *(Su doctor aprobó los cambios)*

I accept the changes, and acknowledgement to receipt the Agreement addendum.

(Yo acepto los cambios y confirmo el recibo de los cambios al convenio)

I participated/involved in the development of the Plan of Care
(Yo participé en el desarrollo del Plan de Cuidado)

Other/*Otro*: _____

Month/Mes:						
Sunday/Domingo	Monday/Lunes	Tuesday/Martes	Wednesday/Miérc.	Thursday/Jueves	Friday/Viernes	Saturday/Sábado

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 Patient/Representative Signature
Firma del paciente/representante

 Date/Fecha

 Agency's Representative
Representante de la Agencia

 Date/Fecha