



CAREGIVER-CLIENT RATE RECORDING FORM

Instructions:

1. Registries may use this form to record the payment terms negotiated and agreed to by a client and a caregiver.
2. This form is also available online: simply log in and click on "Obtain a 6-digit Caregiver ID" from the left menu.
3. Send the completed form by email to paymentsupport@assuricare.com

REGISTRY:	Office Name		Office Representative	
CAREGIVER:	CG First Name		CG Last Name	
CLIENT:	Client First Name		Client Last Name	

This rate information reflects the terms negotiated and agreed to by the client and the caregiver:

Caregiver Regular Pay Rate	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Shift / Visit (fixed fee regardless of hours worked)		
Overtime	<input type="checkbox"/> Overtime	Check this box if the client and caregiver have negotiated an overtime arrangement. If "Overtime" is checked, this caregiver will receive payment at 1.5x their regular rate for all overtime hours.	
Rate Description			Please add Rate details, for example: "Night rate", "Day Rate" or "Weekend Rate", etc. if applicable
Registry Fee Rate	\$_____ per unit worked by Caregiver (based on Caregiver payment units)		

Where the client and caregiver have negotiated a rate per Shift/Visit or per Day, Registry may record the expected compensable hours and other terms negotiated and agreed to by the client and the caregiver here:

	<u>Per 24-hour period</u>	<u>Per Week</u>	
Expected # of Compensable Hours			How many hours does the caregiver expect to work?
Expected # of Shifts/Visits			How many shifts or visits is the caregiver expected to make?
Expected # Gross Pay Amount	\$_____	\$_____	What is the expected gross pay amount per day/week?
For <u>Daily, Live-In or Shift/Visit Caregivers</u> , complete this section	<p>The expected gross pay amounts above reflect the compensation due if the caregiver works the expected number of Compensable Hours. Additional compensation will be due if the caregiver's hours of work exceed the expected number of hours. Additional hourly-rate caregiver IDs can be created such that caregivers can record additional hours worked above the expected or scheduled number of hours. The expected gross pay amounts and any additional compensation, including overtime, are calculated based on the following pay rates:</p> <p><u>Regular</u> Hourly Rate: \$_____ per hour for all hours under 40 in a work week</p> <p><u>Overtime</u> Hourly Rate: \$_____ per hour for all hours over 40 in a work week</p> <p>If a Live-in Room & Board Compensation Credit has been agreed between Client and Caregiver, record the amount below. This amount will not be included in payments processed by LTC payroll.</p> <p>Live-in Room & Board Compensation Credit: \$_____ per day</p>		

Caregiver may sign here: _____ Date _____

Client may sign here: _____ Date _____

Return signed forms for AssuriCare via email at paymentsupport@assuricare.com

Disclaimers:

- AssuriCare requires completion of this form for internal purposes and does not assert or imply the form satisfies the registry's obligations under state and/or federal law when recording rates as negotiated between a client and a caregiver.
- If the client and the caregiver have negotiated a daily/live-in rate, they may wish to consult with legal counsel on how to comply with record-keeping requirements under state and federal law.