



### Provider Agreement

**OPTIONAL**

**Instructions:** 1. Participant completes the top, and provider completes the bottom.  
2. Participant and provider sign at the bottom.

\_\_\_\_\_ (Participant), hereafter referred to as Participant, and  
\_\_\_\_\_ (Provider), hereafter referred to as Provider, do hereby enter into the following agreement:

The Participant requires the following tasks and duties to be performed by the Provider:

The Provider agrees to provide/arrange for training as described below:

The Provider agrees to perform the tasks as outlined above according to the following schedule:

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Other: \_\_\_\_\_

Services will be provided at the rate of \$\_\_\_\_\_ per     Hour     Day     Week     One Time

**The Participant and Provider understand that these services are provided under Medicaid regulations and that we may not charge in excess of the amount agreed upon with this document.**

After the Provider has performed the services per this agreement, claims are due to iLIFE per the iLIFE Provider Payment Schedule.

Provider FEIN: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_