



# PROVIDER AGREEMENT

I, \_\_\_\_\_, hereafter referred to as Participant, and \_\_\_\_\_, hereby 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 or arrange for training and orientation any needed Employees as described below:

The Provider agrees to perform the tasks as outlined in #1 above according to the schedule of:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
Sunday: \_\_\_\_\_  
Other:

Services will be provided at the rate of \_\_\_\_\_ per hour/week/other \_\_\_\_\_ (please circle one and note other).

**I understand that these services are provided under Medicare regulations and that I may not charge in excess of the amount agreed upon with this document.**

\_\_\_\_\_ Invoices are due to the Participant by the 1<sup>st</sup> business day after the 15<sup>th</sup> and end of month. Payments will be sent to Provider in 10 business days.

\_\_\_\_\_ Invoices are due to the Financial Services Agency by the 5<sup>th</sup> of the month following service. Payments will be sent to the Provider within 10 business days. Invoices should be sent to:

IRIS Financial Services Agency  
c/o MCFI – Fiscal Agent  
2020 W. Wells St.  
Milwaukee, WI 53233

Provider agrees to provide an FEIN and address in order to receive payment:

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

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

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

Phone Number: \_\_\_\_\_

Participant Signature: \_\_\_\_\_  
(may be signed by Participant and/or guardian)

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_