



IRIS 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: _____