

# O'Connell

Professional Nurse Service, Inc.

## Financial Agreement

### Terms:

O'Connell Professional Nurse Service, Inc. is referred to in the document as **OPNS**.

1. We require two (2) responsible parties to sign the contract. The first responsible party will receive weekly bills for service. Payment in full is due upon receipt of the bill. The second party will be financially responsible should the first responsible party be unable to remit payment. Should there be any questions regarding payment or fee schedule, contact our billing office at **(413) 533.1030**.
2. **OPNS** reserves the right to terminate services for non-payment.
3. If the number of hours requested for service exceeds forty (40) hours/week, a deposit equivalent to two (2) weeks of service may be required prior to the start of service.
4. Any services provided by the same employee in excess of forty (40) hours/week will be billed at time and one half of the quoted rates.
5. The liabilities and obligations of the client and the responsible party, if any, shall be joint and several and shall be binding on each of them and their respective heirs, executors and administrators.
6. As an **OPNS** client, you agree not to hire any **OPNS** employee that is placed in your service. An **OPNS** employee would be eligible for private employment with the client six (6) months after resigning his/her position at **OPNS**. If you choose to hire an **OPNS** employee privately prior to the 6 months time frame, a **FINDER'S FEE OF \$3,000.00** shall be paid to **OPNS**, at the time of hire.

I have read, understand, and agree to the above terms.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
OPNS Representative

\_\_\_\_\_  
First Responsible Party Signature

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Second Responsible Party Signature

\_\_\_\_\_  
Date

Rev. 12/13/05