



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 (40) hours/week will be billed at time and one half of the quoted rates.
5. Any services provided between the hours of 11:00 PM the night before and 11:00 PM the night of New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day will be billed at time and one half of the quoted rates.
6. 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.
7. 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.
8. A 1.5% per month service charge will be applied to any outstanding invoices. In addition, the account will be charged the cost of collection and reasonable attorney's fees.

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