A-1 Homecare
Consulting & Staffing

Following discounts will apply to order of:
10 packets or more (single form) = 5% off
20 packets or more (single form) = 10 % off
(1 packet = 1 unit order/100 pcs)

ORDER FORM

(as of January 1, 2017)

Product/ No.	Description	Price	Unit Ordered	Amount
SNRV1001	SKILLED NURSING REVISIT FORM (2part)	$32.00/100		
SNAN09	SKILLED NURSING ADDITIONAL NARRATIVE FORM (2part)	$30.00/100		
HHA-POC09	HOME HEALTH AIDE PLAN OF CARE (3part)	$34.00/100		
HHA-WV09	HOME HEALTH AIDE WEEKLY VISIT FORM (2part)	$32.00/100		
MEDREC09	MEDICATION RECONCILIATION FORM (3part)	$34.00/100		
MEDREC-SUP09	SUPPLEMENTAL MEDICATION RECONCILIATION FORM (3part)	$34.00/100		
SC09	SUMMARY OF CARE (2part) (stand-alone)	$27.00/100		
FTF0111	HOME HEALTH DOCUMENTATION OF FACE-TO-FACE ENCOUNTER (2part)	$27.00100		
Shipping and Handling Calculations (Ground) for Order of :			SubTotal	
$50 or less: $12.00	$151 to $200: $28.00		Tax (6%)	
$51 to $100: $17.00	$201 to $250: $30.00		S/H	
$101 to $150: $23.00	$251 and over: $35.00		Grand Total	

Return Policy: Must be within 30 days. Product(s) must be in good, resalable and original condition. Please return the product(s) via a carrier (UPS, FEDEX, Insured Mail, etc.) that can provide proof of delivery. Lost packages cannot be credited. A 15% restocking fee will be assessed for all returned orders.

_____
Company Name

_____
Address

_____
Phone

_____
Fax

_____
Email

Note: To view sample of above forms,
go to www.a1homecare.net

For additional questions CALL (734) 259-3775

Method of Payment

❒ Check (No_____) ❒ Visa ❒ MasterCard

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __
Credit Card Number

__ __ /__ __ Expiration

__ __ __ __ CCV

_____
Signature of Card Holder

PLS. FAX COMPLETED FORM TO:
734-259-3777

Mail check payment to: A-1 Homecare Consulting & Staffing, P.O. Box 701881, Plymouth, MI 48170

A $50 fee will be charged for any returned check.