

Affinity Home Care Inc.

Payroll Department - **Phone:** 954-782-3741 Option 5
440 E. Sample Road, Suite 206, Pompano Beach, FL 33064

Service Log

Email: Payroll@AffinityHomeCare.com
Fax#: 954-782-3643, 561-483-4045, 305-705-2695

TO BE PAID, this document must be signed and submitted using the AffinityHCA App. Hours worked must be recorded by EVV "Clock In" and "Clock Out". I will only be paid what the EVV Verified hours reflect

Accepted Delivery Options: ♦ Fax ♦ Drop Off ♦ Mail ♦ PDF (Genius Scan App) delivered by email

NO LATER THAN MONDAY at 5PM of the week following services

CAREGIVER: I hereby certify that the dates recorded below were worked by me, and were properly certified by an authorized representative of the named client. I further certify that I have opened my EVV application, showed the verified hours worked for this time period to an authorized representative of the named client, and received their certification of the verified hours worked. I understand that in order to complete this assignment and to be paid, I must turn in this document no later than Monday at 5pm the next week after performing services. My hours worked on any given day will not exceed the hours authorized by AFFINITY HOME CARE for that day. I understand that I will not be paid for hours worked in excess of the total hours authorized on any given day. I have not had a work-related accident/ incident in the past month. I understand that I am a contractor of AFFINITY HOME CARE and cannot privately accept work from their clients. I agree that for the duration of my contract with AFFINITY HOME CARE, and for six (6) months thereafter, I will not solicit any AFFINITY HOME CARE patient or client for home health services outside of AFFINITY HOME CARE, nor provide home health services to any AFFINITY HOME CARE patient or client independently or through any other Nurse Registry or Home Health Agency. If I breach any part of this clause, I will pay AFFINITY HOME CARE liquidated damages of two thousand dollars (US \$2,000) for each violation. Acepto que durante la vigencia de mi contrato con AFFINITY HOME CARE y durante seis (6) meses después, no solicitaré a ningún paciente o cliente de AFFINITY HOME CARE para servicios de atención domiciliaria fuera de AFFINITY HOME CARE, ni proporcionaré servicios de atención domiciliaria a ningún paciente o cliente de AFFINITY HOME CARE de manera independiente o a través de otro Registro de Enfermería o Agencia de Salud en el Hogar. Si incumplo cualquier parte de esta cláusula, pagaré a AFFINITY HOME CARE una indemnización por daños y perjuicios liquidados de dos mil dólares estadounidenses (US \$2,000) por cada violación.

Notify Affinity Home Care of any other information concerning this patient that needs to be reported

Caregiver Name _____

Caregiver Signature _____

Year: 2025	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date of Service (MM / DD)							

I will only be paid for hours worked and verified by Electronic Visit Verification ("EVV"). I understand that this is a requirement of the Federal Cures Act and Florida's Agency for Healthcare Administration.

Solo se me pagará por las horas trabajadas y verificadas a través de la Verificación Electrónica de Visitas ("EVV"). Entiendo que esto es un requisito de la Ley Federal de Cures y de la Agencia de Administración de Atención Médica de Florida.

☐ RN/LPN VISIT

Mobility/Walking/Moving							
Bathing/Showering							
Dressing							
Toileting							
Eating							
Continence Bladder/Bowel							
Meal Preparation also including Kitchen Clean							
Laundry							
Light Housekeeping also including Making Beds							

Client Name _____

Client/Authorized Signature _____

CLIENT: I certify that the services recorded above are correct, the caregiver's performance was satisfactory, and AFFINITY HOME CARE can pay this caregiver for the hours verified by EVV. I further certify that the caregiver has opened their EVV application, I have reviewed their verified hours worked for this time period, and I certify the verified hours worked. I further agree if I terminate home health services from AFFINITY HOME CARE, I cannot hire, neither directly nor indirectly, any AFFINITY HOME CARE contractor to perform home health services for a period of one (1) year from the last day AFFINITY HOME CARE provided services. If I breach this condition, I will be liable to AFFINITY HOME CARE for a finder's fee in the amount of \$5,000, plus reasonable attorney's fees and costs

	S	M	T	W	T	F	S
HMK							
COMP							
PECA							
RESP							