

Care Fee Capitation Agreement

This agreement is in response to steps being taken by/on behalf of the resident to ensure satisfactory financing is in place to pay for care and/or nursing fee increases up to the stated limit. Its purpose is to protect the care or nursing home from the resident being unable to meet fee increases, and to protect the resident from fee increases that he or she cannot afford.

This Fee Capitation Agreement [the "agreement"] dated _____,
is between _____ [the "home"]
and _____ [the "resident"]

The home agrees that the care and/or nursing fees [the "fees"] for the resident will not rise by more than ___% [the "agreed percentage"] per annum.

The resident agrees to pay increases in fees of up to the agreed percentage per annum.

Other: _____

Signed on behalf of the home: _____ Date: _____

Name _____ Position _____

Signed by/on behalf of the resident: _____ Date: _____

Name _____ Relationship _____
(If not the resident)

Signed on behalf of the resident: _____ Date: _____

Name _____ Relationship _____

Signed on behalf of the resident: _____ Date: _____

Name _____ Relationship _____