

Monthly Care Fees Payment Schedule

for

_____ [The Resident]

at

_____ [The Care or Nursing Home]

Care and/or Nursing Fee Schedule

£_____ pw = £_____ pa = £_____ pcm.

Payment Details

1. £_____ per week/calendar month/annum, from ___/___/___,

increasing by ___% pa, from ___/___/___.

Paid by _____ [Finance Company/_____].

2. £_____ per week/calendar month/annum, from ___/___/___,

increasing by ___% pa, from ___/___/___.

Paid by _____ [Resident/_____].

3. £_____ per week/calendar month/annum, from ___/___/___,

increasing by ___% pa, from ___/___/___.

Paid by _____ [Other/_____].

Notes

The care fees adviser below can be contacted with any enquiries

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