



## Absolute Care LLC

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### ACKNOWLEDGMENT OF SERVICE BILLING POLICY

As an employee of **ABSOLUTE CARE LLC**, I acknowledge that I have been informed of and understand the following policies regarding service billing:

#### 1. Hospitalization

If a client is hospitalized, I am not permitted to submit timecards for any days the client is in the hospital, even if I am present with the client during their hospital stay. Hospitals bill for all care provided during this time, and home care providers (Caregivers/DSPs/PCAs) are not authorized to bill for services rendered during hospitalization.

#### 2. Client Vacation or Time Away

If a client is on vacation or otherwise out of town, and I am not with the client actively providing services, I may not claim hours for that period. Submitting timecards for hours not worked in these circumstances is considered a fraudulent billing practice.

#### 3. Onsite or Community-Based Service Requirement

Services must be rendered while physically with the client, unless remote services are explicitly authorized and applicable under program guidelines. This includes services delivered in the client's home or out in the community as outlined in their care plan. Submitting time for services not actually provided in person (when remote options are not allowed) is prohibited.

Any documentation falsely indicating that services were provided when they were not is a violation of agency policy and program regulations, and is considered falsification of records. Such violations may result in immediate termination.

I understand it is my responsibility to notify the office promptly if my client is unavailable to receive services.

By signing below, I confirm that I have received, read, and fully understand the above policies regarding service billing.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_