

**Our Family Nurse LLC**

**Patient Agreement**

**Provider:**

**Our Family Nurse LLC  
121 W. Hillgrove Ave.  
No. 272  
La Grange IL 60525**

**Patient:** \_\_\_\_\_

**Services Provided – See Accompanying “Services Provided By Our Family Nurse”.**

**Following is the Our Family Nurse billing schedule:**

- **\$50 initial in-home consultation, applied to \$500 per month plan.**
- **Thereafter:**
  - **\$500 per month for 6 hours; or**
  - **\$100 per one-hour visit; or**
  - **\$90 per one-hour visit after two or more visits in a month.**

We accept payment by check, PayPal, and major credit card only, and do not accept private or public insurance including Medicare and Medicaid. Our Family Nurse bank account information is FNBC Bank & Trust, routing 071903929, account 1253984659.

**Documentation and Quality Control:**

Our Family Nurse LLC follows best practices in the health care industry and maintains electronic records of each patient visit and communication with doctors and family and friends as approved by patient in Our Family Nurse HIPAA form. We ensure our documentation is easily interpreted by the patient’s doctor and other healthcare providers.

**Agreed:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Our Family Nurse LLC**

**By: Lisa Radville**

**Manager**

[lisa@ourfamilynurse.com](mailto:lisa@ourfamilynurse.com)

(708) 209-0221

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**Patient Signature**

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**Patient Name**

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**Patient Social Security**

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**Service level/fee schedule selected**

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**Patient Primary Doctor**

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**Patient HIPAA contact**

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**Patient Address**

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**Patient Email**

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**Patient Phone**