

2018

Compliance Review Services, Inc. State of Texas Order Form

Established 1997

Consulting & Training Services
 11201 Steeple Park Drive
 Houston, Texas 77065
 (832)237-2525 Phone * (866) 969-3569 Toll Free * (832) 237-2505 Fax
 E-mail: info@compliancereviewservices.com

Company Name: _____ Contact Name: _____

Phone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____

If an item or combination of an item you want, is not listed, please contact the CEO of CRS, Inc.

Instructions: Please indicate with a (√), which product you wish to purchase. If you would like to preview a product, please contact our Intake Referral Specialist **OR** Senior Consultant Kimberley Kelly by phone, fax, or E-mail, as listed above.

Send Payments To: Compliance Review Services, Inc., at the address listed above.

Return Policy: All sales are final no refunds will be issued.


Authorization for Purchase: The person who signs this form is representing they have the authority to do so and Compliance Review Services, Inc. will hold the agency/facility responsible for payment of all orders submitted.

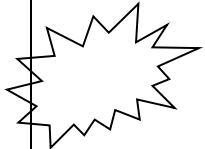
Delivery: The product will be delivered by a Compliance Review Services, Inc. representative and a delivery ticket will be utilized to show delivery actually occurred. Delivery and shipping dates are estimated to the best of our ability. The product will be delivered to you no later than 45 days from the date of the receipt of the order and payment.

I hereby grant permission for Compliance Review Services, Inc. to add my E-mail address to their E-mail distribution list so that I can receive updates. I may request to be removed from said list at anytime by E-mailing the CEO. I also grant permission for Compliance Review Services, Inc. to fax updates, flyers, class information, and other communications from their business.

NAME OF PROGRAM	CHECK (√) TO PURCHASE PROGRAM	COST FOR PROGRAM	TOTAL AMOUNT DUE
START UP PACKAGES			
<i>ELITE START-UP PACKAGE</i>		\$15,000.00	Our premier all-inclusive start-up package, includes everything in our basic package, plus many extras and professional tools not offered in other packages.
TJC/CHAP Home Health Licensed and Certified with PAS or without PAS		\$10,000.00	
TJC/CHAP Hospice Licensed and Certified		\$10,000.00	
TJC/CHAP Home Health Licensed and Certified with Pediatrics		\$13,500.00	
Home Health or Hospice Licensed and Certified with or without PAS (No Accreditation)		\$10,000.00	
PAS Only		\$7,000.00	Policies, Forms, HR Packet, Admit Packet etc.
ALF		\$10,000.00	
Pediatric Rehab Clinic		\$10,750.00	
Licensed Home Health Pediatric		\$7,500.00	Individual Site

NAME OF PROGRAM	CHECK (✓) TO PURCHASE PROGRAM	COST FOR PROGRAM	TOTAL AMOUNT DUE
DIALYSIS			
Dialysis Free Standing ESRD Start-Up		\$31,500.00	
Dialysis Policy & Procedures (Add-on Program)		\$12,500.00	
DME			
DME Start-Up		\$10,000.00	Policy Manual, HIPPA ,Job Descriptions Organizational Chart, Consent Forms for JCAHO/CHAP/ACHC Accreditation
DME Policy Manual with HIPPA (No Accreditation)		\$1200.00	
DME Policy Manual (No Accreditation)		\$1000.00	
DME Policy Manual with TJC, CHAP or ACHC Accreditation		\$4000.00	
DME Consulting Services (Accreditation)		\$120.00 Per Hour	8 Hour Day Minimum
TJC/CHAP/ACHC ACCREDITATION SERVICES			
Accreditation Program Consulting Services		\$120.00 Per Hour	8 Hour Minimum. For Agencies who are Accredited or Seeking Accreditation.
Accredited Mock Survey		\$1440.00	8 Hour Day Minimum with 1 Consultant
TJC Measure of Success On Line Report		\$120.00 Per Hour	
TJC PPR		\$120.00 Per Hour	
CHAP Self-Studies (2)		\$4000.00	
CONSULTING SERVICES NON-ACCREDITED			
On-Site Visits for Home Health, Hospice, DME, Pediatric, PAS, CBA and ALF		\$100.00 Per Hour	8 Hour Day Minimum
State Mock Survey		\$1200.00	8 Hour Day Minimum with 1 Consultant
POLICIES AND PROCEDURES			
TJC/CHAP Hospice Policy Manual Only		\$4,000.00	
Hospice Policy Manual (No Accreditation)		\$3,000.00	
TJC/CHAP Home Health Licensed and Certified with or without PAS Policy Manual		\$4,000.00	
Home Health Licensed and Certified with or without Pas Policy Manual (No Accreditation)		\$3,000.00	
PAS Policy Manual		\$2,000.00	
I.V. Policies		\$200.00	Add-on to Policies & Procedures
Branch Policies		\$500.00	Add-on to Policies & Procedures

NAME OF PROGRAM	CHECK (√) TO PURCHASE PROGRAM	COST FOR PROGRAM	TOTAL AMOUNT DUE
GOVERNMENT APPLICATIONS			
State & Medicare Application		\$1500.00	
State Application Only		\$750.00	
Medicare Application Only		\$750.00	
Medicaid Application Only		\$750.00	
Change of Ownership Application (CHOW)		\$1500.00	
License Renewal Application		\$750.00	
Civil Rights Package		\$400.00	
MISCELLANEOUS PRODUCTS			
Pediatric , PAS, or Psych Program Add-On Added to Licensed & Certified Agency Start-Up Package, or to an Existing Client Who Previously Purchased a Start-Up.		\$3,500.00	Policies, Admit Pack and HR Component to be Added to Existing Policies
QAPI Program Only		\$1,000.00	
Staffing Company Policies and Procedures (no forms)		\$2,500.00	
Staffing Company Forms		\$1,500.00	
Primary Home Care Program (Add-on Program for Home Health Agencies)		\$1,500.00	
Medical Advisor/Medical Director Package: Job Description With Letter Of Agreement		\$200.00	
Home Health General Employee Orientation Manual		\$1000.00	
Address Change		\$250.00	Update to existing Policies & Procedures
PLANS OF CORRECTION:			
TJC/CHAP Evidence of Compliance Corrective Action Plan		\$120.00 Per Hour	
TJC Measure of Success On-Line Report		\$120.00 Per Hour	
TJC PPR		\$120.00 Per Hour	
Plan of Correction for State and Medicare		\$500	
RUSH JOB FEE: Plan of Correction RUSH Job Less Than 3 Business Days Notice To Be Completed by CRS, Inc.		Add \$400.00 For All RUSH Jobs For Plans of Correction	

NAME OF PROGRAM	CHECK (✓) TO PURCHASE PROGRAM	COST FOR PROGRAM	TOTAL AMOUNT DUE
POLICY UPDATE PACKAGES			
Sold in our online store			
SUB TOTAL			
Name of Program	Check (✓) To Purchase Program	Cost for Program	AMOUNT DUE
1.			
2.			
3.			
4.			
TOTAL AMOUNT DUE			

SPECIAL NOTE:

Please note that prices are subject to change at any time. To confirm a price, please contact the office before signing.

SPECIAL CONSULTING VISIT BUNDLE PRICING 2018!!!!

Save \$25.00-hour x 32 hours = \$800.00

Why pay \$125.00 / hour when you can buy 4 visits to cover 2018 each quarter and only pay \$100/hour?

Special Bundle Rate: \$100/hour with prepay purchase of 4 (8-hour day) consulting visits. \$3200.00 total cost. Travel is still billed at \$50/hour after each visit occurs per normal billing procedures if outside of Houston, Texas address.
NOTE: Visits must be used within a 12-month period from date of purchase or will expire at that time. Visits prepaid are non-refundable once purchased.

A credit card number is obtained upon signing this contract. Please complete the following information:

Credit Card Number: _____

Visa Master card American Express Discover

Name on Credit Card: _____ Expiration Date: _____

3-digit security code: _____ Billing Zip Code: _____

If you are located outside of Houston City limits you will be billed travel time after completion of each visit. The following travel reservations to be made and paid for by Agency (Company) as applicable: (*Note: Travel time is billed to the (Company) at \$50.00 per hour. Travel time is calculated from the CRS office until destination is reached.) Airfare agreement, Hotel Agreement, Car Rental Agreement:
(Applicable if consultant is booked for more than 2 days out of Houston area)

Method of Payment:

Check to be mailed today Charge my Credit Card. I understand work will not begin until payment is received.

I will pick up at CRS office and pay upon pick up

I authorize the products selected to be charged to my credit card: (Please Check One).

_____ **Visa** _____ **American Express** _____ **MasterCard** _____ **Debit Card**

I understand this credit card will remain on file and if I do not pay CRS an outstanding balance for any invoice per our payment agreement outlined in the consulting contract and this agreement, this card will be charged a 3% fee.

Card Number #: _____ V-Code: _____ Exp. Date: _____
(MM/YY)

Name on Card: _____ Amount to be charged: \$ _____

Mailing Address: _____

I want a receipt mailed to me: YES _____ NO: _____

Authorization Agreement:

I agree to the terms and conditions as outlined on this order form and in my ongoing consulting agreement and/or other contracts in place with Compliance Review Services, Inc. I understand that Compliance Review Services, Inc. holds a valid and enforceable copyright that is registered with the Federal Government on all of their documents. I acknowledge that I have the authority to order this product and am responsible for payment.

Please print name clearly on this line and then sign the next line. Thank you!

PRINT CLEARLY



First Name

Middle Name

Last Name

Mr/Mrs/Ms

Senior/Junior

SIGN HERE



Agency Authorized Signature/Owner of Agency

Title

Date

CEO Compliance Review Services, Inc.
Kim Kelly RN, BSN, MSN, LNC

Date