

DO NOT FILL OUT, FOR REVIEW PURPOSES ONLY

WESTMASS ELDERCARE, INC./**PROVIDER NAME**/CONTRACT START DATE: [Click here to enter a date.](#)
CONTRACT AMENDMENT# [Click here to enter text.](#)

HOMEMAKER/PERSONAL CARE/NON-HOMEMAKER

WHEREAS WestMass ElderCare, Inc. hereinafter referred to as the ASAP, and [Click here to enter text.](#) hereinafter referred to as the Provider, entered into a Provider Agreement on [Click here to enter a date.](#) and

WHEREAS Section XXI, Amendment, of said Agreement between the ASAP and the Provider outlines procedures by which said Agreement may be modified or amended; and

WHEREAS the ASAP and the Provider do mutually desire to modify and amend said Agreement;

NOW, THEREFORE, it is agreed that said Agreement will be amended in the following respects, but otherwise be maintained in full force and effect.

1. *Section II, Period of Performance*, is amended to read: The Provider understands and agrees that performance of services under this Agreement shall begin on or about [Click here to enter a date.](#) and shall terminate no later than [Click here to enter a date.](#)

2. Effective as of the [Click here to enter a date.](#), *Attachment C* shall be amended to include the following geographic areas: [Click here to enter text.](#)

3. Effective as of the, [Click here to enter a date.](#) the negotiated Unit Rate(s) contained in *Attachment D* shall be amended as follows:

Homemaker/Personal Care Services

SERVICE(S)	✓ if Added	✓ if Deleted	Current Per Hour Rate	Amended Per Hour Rate	UOM Rate	UOM	SAMS Service
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	
	<input type="checkbox"/>	<input type="checkbox"/>				15 mins	

Non-Homemaker Services

SERVICE(S)	√ if added	√ if deleted	CURRENT RATE	AMENDED RATE (if applicable)	PER UNIT (Hour, Meal, etc.)
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

4. *Provider name is amended to reflect an official change to:* [Click here to enter text.](#) **Effective** [Click here to enter a date.](#)

In all other matters, the above-referenced Agreement between the ASAP and the Provider remains in full force and effect; this signed Amendment to said Provider Agreement shall be attached to and made a part of said Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers.

WestMass ElderCare, Inc.

ASAP

Authorized Signature & Date

Title

Provider

Provider's Authorized Signature & Date

Title