

POLICY MANUAL ORDER REQUEST

(for copyrights issue, we do not offer electronic version)





(Already pre-approved by CHAP & ACHC)

Agency:	Accreditation:
Hours of Oper	ration: 9:00 am - 5:00 pm <i>(default)</i> Other:
County(ies): Licensed	Miami Dade (default) Other: (if your Agency operate in different count(ies)
Direct Discipli (W2 staff)	ne: Skilled Nursing (RN-LPN) (default)
	Other:(Different W2 staff if not nursing)
Mission	The Agency's mission is to provide professional and paraprofessional services to clients in their homes assisting them to achieve the highest level of potential in their day-to-day self-care activities. We are committed to providing high quality, multidisciplinary care by professionals who recognize the need for comprehensive assessment of needs from both the client and professional's point of view. <i>(default)</i>
	Different mission , email to us at: info@pnsystem.com
	Notes delivery: Every two Weeks (before next Tuesday by 5:00 pm) (default)
	Other:
Medical Reco	rd: Paper only Combination Electronic-Paper <i>(default)</i> Electronic Only
Absenteeism	(7) days of absenteeism (PTO) (direct employees) due to illness, vacation, etc (default)
	Other:
	Other:
Policy Full Ma	nual price \$ 1250 Update version (for Policy Manual previous customers only) \$ 549.99
MAINTENANC (under contract	CE CUSTOMER: Tri hole punched, dividers, binder FULL Updated version price at \$85.00 Only the Manual (no binder, dividers, punched) \$45.00
Date:	and CERTIFI
Completed by	Full Name
fax to: 305-81	