



POLICY MANUAL ORDER REQUEST



Agency: _____

Hours of Operation: 9:00 am - 5:00 pm (default) Other: _____

County(ies): Miami Dade (default) Other: _____
(if your Agency operate in different count(ies))

Direct Discipline: Skilled Nursing (RN-LPN) (default)
(W2 staff)

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. (default)

Different mission , email to us at: info@pnssystem.com

Notes delivery: Every two Weeks (before next Tuesday by 5:00 pm) (default)

Other: _____

Medical Record: Paper only
Combination Electronic-Paper (default)
Electronic Only

Absenteeism (7) days of absenteeism (PTO) (direct employees) due to illness, vacation, etc (default)

Other: _____

Other: _____

Policy Full Manul price \$ 999.99 Update version (for Policy Manual previous customers only) \$ 549.99

MAINTENANCE CUSTOMER: Tri- hole punched, dividers, binder Updated version price at 85% discount
(under contract) Only the Manual (no binder, dividers, punched) \$ 45.00

Completed by: _____

fax to: 305-818-5935

Or email to: info@pnssystem.com