2347 Honolulu Ave, Montrose, CA 91020
Tel: 818-241-4444 Fax: 818-241-4443

# Per Diem Agreement

## CLINICIAN INFORMATION

DATE:

Full Address:

Full Name:

Phone:

E-Mail:

Mileage: Not reimbursed

Rate: RN[X]

| | |
|---|---|
| $140 | SOC IV / Wound |
| $140 | SOC Port Care & Lab |
| $135 | SOC Wound |
| $130 | SOC TPN |
| $125 | SOC / Med Mgmt. |
| $110 | Recert/ROC |
| $90 | Discharge |
| $70 | IV Follow up Visit |
| $50 | Follow up Visit |

## COVERAGE LOCATIONS

NOT-DESIRED LOCATIONS

## SPECIAL SKILLS

- ☐ IV infusion
- ☐ PICC care
- ☐ TPN
- ☐ Blood withdrawal
- ☐ G-tube/J- tube
- ☐ Wound care
- ☐ Wound vac
- ☐ Tracheostomy care
- ☐ Foley care
- ☐ Sarapubic catheter
- ☐ PEG tube care
- ☐ Port care
- ☐ Chemo disconnects
- ☐ IM injection
- ☐ ________________

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|---|---|---|---|---|---|---|---|
| BASE AVAILABILITY | | | | | | | |

We require 2 week notice to change your base schedule to safely redirect patients. *See field employee standards handbook for details*

NAME (Print)

TITLE

SIGNATURE

Make sure you have read and understood
the payroll & route sheets documents & explanation

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Version 1.1

Version 2.0: February 21, 2023