### A.W.A.Y. Program Restrictions

Please read all restrictions carefully before reservations are made!

#### A.W.A.Y.™ Client Must

- Be 18 years of age or older
- Have the ability to follow directions and be intellectually sound
- Make reservation 3 weeks prior to appointment or procedure
- Cancellations or changes to reservations must be made within 24 hours of reservation to avoid cancellation or change fee of \$25
- Pay \$75 Fee at registration time, anything over 3 hours will be billed at the time of service
- Sign our contract and mail it back to us before service date

Guardian Angels of Home Health, Inc. will make every reasonable attempt to accommodate your needs. If you have scheduled an A.W.A.Y.™ appointment during inclement weather, you must have a back-up plan in the event that it is not safe to travel. When it is possible to reschedule this procedure or appointment at the last minute due to inclement weather, we will waive the 24 hour cancellation fee.

If you require additional time for preparing for your A.W.A.Y.™ appointment, or helping you acclimate to your surroundings post procedure, make sure to indicate that on your reservation. In the event you need unforeseen additional time, and the aide is available, you will be billed in 1/2 hour increments for additional time.

To make a reservation online or learn more about the A.W.A.Y.™ program, visit our website at www.guardianangelshomehealth.com/A.W.A.Y. or call (215)295-6200.

#### A.W.A.Y.™ Program Restrictions

- An account executive will call you 48 hours before your procedure and go over procedure instructions with you
- Our Caregiver will arrive prior to departure time to assist you with getting ready and make sure all necessary documents are brought if needed
- Your Caregiver will escort you to your procedure or appointment safely and promptly
- We will assist with registration paperwork if needed
- You will not be alone, we will wait for your procedure to be completed and assist you into your vehicle
- Next we will escort you safely back home
- Once we have you home, we will prepare a snack or light meal and beverage

Guardian Angel's Home Health, Inc.'s caregiver will stay with you until you are fully acclimated and comfortable for us to leave

# Now Accepting the Medicaid Waiver Program

Ask your account executive for details.

Guardian Angels of Home Health, Inc. 311 West Trenton Avenue Morrisville, PA 19067

Email: info@guardianangelshomehealth.com

Fax: (215)428-4580



When more than just a ride is needed, our Angel Will Assist You program may be for you!



When you want help, our angels will be there by your side.

(215)295-6200

www.guardianangelshomehealth.com

## **A.W.A.Y.™ Registration Form**

Name:					Date of Procedure:		Time of Procedure: (AM or PM)		
Address:	Home Phone:		Location Name:						
City:	State:	Zip:	Mobile Phone:		Address:				
Email Address:					City:		State:	Zip:	
Emergency Contact:		Relationship:			Phone:				
Phone:									
<b>Vehicle Information</b>									
Year:	Make:	Model:		Auto	matic Transmission	М	anual Transmission		
Registration and Insurance Information (Both Registration and Insurance card must be handed to aide before departure)									
Registered Owner's Name:					d's Name:				
Month/Year Registration Expires: Insur					ce Company Name:				
Month/Year Inspection Expires:				Effective Date:			Expiration Date:		
				Agent Name:			Phone:		
<b>Reservation Details</b>									
Early Arrival If	Early Arrival If early arrival, how many units?: ***Each unit is 30 minutes, and each unit is an additional \$10.25								
Extended Stay If	extended stay, how many units	5?:	Reservation F	ee:		\$75.00	•	n full to secure a	
Т	otal additional units?:	al units?: Total additional units Cost:					reservation. If yo check, you will re	eceive	
			Total Reserva	once the check has cleared. You					
Payment Details Paypal (No Account Needed) Credit Card By Phone Check will be sent an invoice after registration is received.									