

LONE STAR HEALTH SERVICES, PLLC

Offer Letter

Employee Name: _____

Lone Star Health Services, PLLC agrees to pay the employee as listed above, the following amounts for the services rendered:

Skilled Nursing Admission: _____

Skilled Nursing Recertification: _____

Skilled Nursing Visit: _____

Private Duty Nursing Assessment: _____

Private Duty Recertification: _____

Private Duty Hourly Rate (High Acuity): _____

Private Duty Hourly Rate (Low Acuity): _____

Skilled Therapy Admission: _____

Skilled Therapy Recertification: _____

Skilled Therapy Visit: _____

Clerical Staff: _____

+ Differential Pay: _____

*Lone Star Health Services, PLLC will only pay time and half of base pay for hours worked greater than 40/week and for the following holidays: Thanksgiving, Christmas Day, and New Years Eve.

Employee Signature: _____

Administrative Signature: _____

Date: _____