

CENTER FOR INDEPENDENCE – COLORADO
VETERAN CHOICE PROGRAM
RATE AGREEMENT

Instructions: Fill out each section as appropriate. Once complete, please sign and date the form and submit to PremierFMS via one of the following options:

Mail

10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email

CFI@Premier-FMS.com

Fax

855.334.3866

DIRECT CARE PROFESSIONAL'S (PROVIDER'S) INFORMATION

Direct Care Professional Name: _____ Last 4 Digits of SSN: _____

Veteran's Name: _____

RATE AGREEMENT INFORMATION

Service Type	Wage	Per	Effective Date
Personal Assistance Services & Supports		Hour	/ /

By signing below, we understand that only the pay rates above will be paid. For any questions or concerns, please contact our office at: 855.287.6638

Print Name (Direct Care Professional): _____

Direct Care Professional Signature: _____ Date: ____ / ____ / ____

Print Name (Veteran): _____

Veteran Signature: _____ Date: ____ / ____ / ____