PN System
2950 W 84 St. Bay 7
Hialeah, FL 33018
305-818-5940

Already pre-approved by CHAP & ACHC

SKILLED AGENCY

POLICY MANUAL ORDER REQUEST

For copyright reasons, we do not offer an electronic version.

AGENCY INFORMATION

Agency: _____ **Accreditation:** _____

MANUAL SETTINGS

Check the default or write your own

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

County(ies)
☐ Miami-Dade *(default)* Other: _____
List ALL counties that are or will be licensed (matching the AHCA application).

Direct Discipline
(W2 staff)
☐ Skilled Nursing (RN-LPN) *(default)*
Other (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's and the professional's point of view.* *(default)*
Different mission: email it to **info@pnsystem.com**

Notes Delivery
☐ Every two weeks (before the next Tuesday by 5:00 pm) *(default)*
Other: _____

Medical Record
☐ Paper only
☑ Combination electronic-paper *(default)*
☐ Electronic only

Biomedical Waste Company
(licensed contractor)
_____

Absenteeism (PTO)
☑ Seven (7) days per year (direct employees): illness, vacation, etc. *(default)*
Other: _____
_____

ORDER

☐ Policy Full Manual **$1,250.00**

☐ Update version *(previous Policy Manual customers)* **$635.00**

Maintenance Customer
(under contract)
☐ Full updated version: hole punched, dividers, binder **$85.00**
☐ Manual only (no binder, dividers or hole punching) **$45.00**

Date: _____ **Completed by:** _____
Full name

Fax to: 305-818-5935 or email to: info@pnsystem.com