

Cajun Area Agency on Aging
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CLIENT AGREEMENT

I understand that this information shall not be construed to be legal advice. **SenioRx employees [Counselors] are neither affiliated with the insurance industry nor are they financial planners. They do not sell, recommend or endorse any specific insurance product, agent, or insurance company.** Counseling is confidential and free of charge. I understand that the counselor assumes no responsibility for decisions made or actions taken by me as a result of the information, counseling and assistance activities received. I, therefore, hold harmless the Louisiana SenioRx Program, Cajun Area Agency on Aging, Inc., its board members and employees, for any liability arising out of this service provided in accordance with Program guidelines.

Furthermore, I authorize Cajun Area Agency on Aging, Inc. to receive information, as necessary, direct from Medicare Carrier and/or Intermediary, my hospital, physicians, or other supplier of medical service or supplies and from my insurance companies. The authorization shall remain valid for a period of _____ days from the date of this signature.

Client's Signature

Counselor's Signature

Date