

What to Look for in Your Letter of Agreement with a Christian Science Nurse

“Christian Science Nurse. Sect. 31. A member of The Mother Church who represents himself or herself as a Christian Science nurse shall be one who has a demonstrable knowledge of Christian Science practice, who thoroughly understands the practical wisdom necessary in a sick room, and who can take proper care of the sick.” (*Manual of The Mother Church*, Mary Baker Eddy, p. 49:7)

You are entering into a special relationship with a Christian Science Nurse, and we’d like to suggest ideas for your thoughtful consideration. Beginning rightly will lead to a harmonious relationship. Each situation is unique, and you will want your agreement to identify and include any possible charges.

- 1. Dates:** The agreement should identify the anticipated beginning date of care and end date, if known. It should also stipulate who is responsible for scheduling ongoing care and when that should be organized.
- 2. Hourly rates:** You may only need the Christian Science nurse to come to assist for a few hours.
- 3. Daily rates:** You should lovingly discuss how many hours are included in a daily rate which would apply if the nurse is working 8 or more hours.

This might span through the night into the next day. Identify if this will be based on a calendar day or a 24-hour period. Keep in mind that the nurse needs a break and 8 hours of sleep.

4. Accommodations if the Christian Science nurse is staying overnight:

- Is the home suitable for Christian Science nursing?
- What are the sleeping arrangements: Private room? On the couch? In a bed?
- Will meals be provided? During travel?
- Will there be time-off/break time?
- Does the Christian Science nurse require a vehicle for personal or care needs?
- Does the Christian Science nurse have any other personal requirements?

5. Costs Beyond the Daily Rate: To avoid surprises, be sure to address any possibilities:

- Will the Christian Science nurse expect compensation if an agreed upon break/time-off does not transpire? At what rate?
- If you agree to provide meals, but then are not able to, how will that be compensated?
- Will there be an extra charge if the Christian Science nurse must get up for care during the night? At what rate?
- If you require nursing supplies, who will purchase/order them?

6. Local Travel: Will there be charges for this? Will the Christian Science nurse drive, use public transportation, use private transportation (taxi, uber, etc)? As transportation costs can vary

and increase, you should discuss an anticipated amount and a cap. If the Christian Science nurse is driving, identify:

- The number of miles traveled
- The mileage rate
- If there will be a charge for local travel time and the rate
- Tolls

7. Long Distance Travel Costs: What are the expected means of transportation? Is one means less expensive than another? What if there is an unexpected increase? What specific costs will be covered?

- Transportation to and from the airport or train/bus depot? (Refer to **Local Travel** for help with this discussion)
- Ticket costs – Will there be seat upgrades from economy?
- Baggage – How many bags? Cost per bag?
- Travel insurance
- Costs related to cancellation by you or the Christian Science nurse
- What if a flight or ride is cancelled or re-routed resulting in hotel or meal costs?
- Will the Christian Science nurse expect you to pay for travel time? What is the rate?

Equipment: You may want to discuss nursing equipment. Please check your NFCSN grant terms. If in doubt, call.

Remember: You are responsible for the invoice. Please carefully review it for any errors. Your submission indicates your approval. It helps us to pay the Christian Science nurse quickly if you submit a clean invoice.

- The Christian Science nurse should support all costs with paid receipts.
- Be sure you know what costs your grant covers whether it's an NFCSN grant or one from another organization.
- If you are unsure, ask.
- You are responsible for any balance remaining, however, if the Christian Science nurse does not disclose charges on your agreement, you have the right to discuss and dispute the charge with the Christian Science nurse.

Communication:

- You should discuss when and how often you and the Christian Science nurse should be in touch. Discussions should include your needs as a patient.
- You should include a specific time set aside to address regularly any changes in terms. Have an honest conversation as to whether you and/or the Christian Science nurse are satisfied with the arrangement.
- Any agreement can be terminated, so include those terms.
- You agree to rely on Christian Science for healing and work in loving cooperation with the Christian Science nurse. To the extent that you are able, you will communicate directly with the Christian Science practitioner, and receive Christian Science treatment daily.

“We should remember that the world is wide; that there are a thousand million different human wills, opinions, ambitions, tastes, and loves; that each person has a different history, constitution, culture, character, from all the rest; that human life is the work, the play, the ceaseless action and reaction upon each other of these different atoms.”

(Miscellaneous Writings 1883-1896, Mary Baker Eddy, p. 224:11-17)

Of the things mentioned above, what does NFCSN cover?

	Yes	No
Accommodations for Christian Science nurse		X
Airfare	Economy airfares only.	
Airfare Baggage	With receipt showing payment method.	
Christian Science nursing supplies	Yes, most non-medicated nursing items and non-household items.	
Compensation for Unused Breaks		X
Daily Rate for Christian Science nurses	\$350 maximum for non- <i>Journal</i> -listed. \$440 maximum for <i>Journal</i> -listed.	
Equipment	Upon Grant Committee approval. Rentals are preferred. Please submit two estimates.	
Hourly Rate for Christian Science nurses	\$50 maximum for non- <i>Journal</i> -listed. \$55 maximum for <i>Journal</i> -listed.	
Local Travel by Uber, Lyft, taxi, etc. to and from your location	Only the mileage is reimbursable at up to \$0.60/mile with receipt showing payment method.	
Local Travel Time	\$20/hr maximum, IF less than 6 hours of nursing care has been provided that calendar day AND the round-trip commute is 1-hour or greater.	

	Yes	No
Meals for Christian Science nurse		X
Mileage, Gas, or Commute Time for Errand Running		X
Mileage to and from your location	\$0.60/mile maximum.	
Night Calls		X
Tolls	With receipt showing payment method.	
Transportation to and from airport (mileage, Uber, Lyft, Taxi)	With receipt showing payment method.	
Travel Insurance		X
Travel time to get to a non-local case via air, driving, etc.		X

Please note: This table does not disclose all the items a grant may or may not cover. It is intended to help guide you as a patient in reviewing your Letter of Agreement and what charges you should expect and how the grant might help with those charges.

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