Native American Connections

AUTHORIZATION LETTER FOR PAYMENT
RESIDENTIAL TREATMENT SERVICES

This agreement authorizes NAC treatment program Patina Wellness Center and/or Patina Mountain Preserve; to provide residential treatment to the client(s) listed below at the agreed amount.

TRIBAL PROGRAM: _____

_____

_____

_____

NAME OF PERSON AUTHORIZING PAYMENT: _____
(NAME OF ALCOHOL/HEALTH DIRECTOR)

TENTATIVE ADMISSION DATE: _____ DISCH. DATE: _____

CLIENT NAME: _____ DOB: _____

ADULT/RATE/DAY: _____ /per day _____ Days Subtotal $ -
_____ Intake/Residential $ -

CHILDREN'S NAME(S) & AGES: 1 _____ Rate _____
2 _____ Rate $ -
3 _____ Rate $ -
CHILD/RATE/DAY: Subtotal $ -

TOTAL AMOUNT AUTHORIZED: $ -

PAYMENT: P.O. _____ CONTRACT _____ OTHER XX

TRIBAL/SUBSTANCE ABUSE DIRECTORS:

COMMENTS:

_____ _____
SIGNATURE OF AUTHORIZING AGENT Date

_____ _____
Date