

Third-Party Payment Authorization

Resident Information

Resident Name

Date of Birth

Facility Name

Facility Address

Third-Party Payer Information

Organization/Person Name

Relationship to Resident

Address

Phone Number

Email

Authorization Details

Payment Coverage (describe what fees/charges will be covered)

Authorization Effective Date

Authorization End Date

Terms & Conditions

Resident/Legal Representative Signature

Date

Third-Party Payer Signature

Date