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| **Invoice Adjustment Form** | | | | |
| **Client Name**: | | **Location**: | | |
| **Date of Service to be Adjusted**: | | | **Invoice Number**: | |
| **Service to be Adjusted**: | | | **Total Amount to be Credited**: | |
| **Reason for Adjustment:**  Billing Error  Recover Care Commitment – Service Guarantee  **Notes**: | | | | |
| ***Approval*** | | | | |
| **Administrator Signature**: | *Check Box for E-Signature* | | | **Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **Director Signature**: | *Check Box for E-Signature* | | | **Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **Billing Adjustment Completed**: | *Check Box for E-Signature* | | | **Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_ |