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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**: \_\_\_\_/\_\_\_\_/\_\_\_\_ |