

Woollard Ipsen Management, LLC
832 East Main Street, Suite #9, Medford OR 97504
541-773-2771
541-773-2808 (fax)
bssreferrals@woollardipssenmanagement.com (email)

Client Accounting Report
Behavior Support Services Billing Authorization – Private Pay

Client/Facility Name: _____

Date: _____

Responsible Party _____ (if other than client)

Client Social Security Number: _____

Client Date of Birth: _____

Send Bill to: Name _____

Address _____

City/State _____

Zip Code _____

Phone _____

Rate Information:
Private Pay

Number of Hours Authorized by Responsible Party:

_____ (Hours)

_____ (Resp. Party Initials)

Hourly Rate: \$85.00/hour

By signing this notice, I authorize Woollard Ipsen Management to provide Behavior Support Services, not to exceed the hours authorized above. I understand that if more hours are needed, services will be stopped until further hours are authorized by responsible party.

Payment for these hour(s) of service at the above rate is due upon receipt of statement from provider.

Client Signature (if applicable): _____

Date: _____

Responsible Party: _____

Date: _____