AUTHORIZATION FOR SERVICES OR MATERIAL

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
AID TO THE BLIND - REMEDIAL PROGRAM
SFN 37 (6-2009)

Clear Fields

Authorization Number	Case Number	Date
Name of Provider		Name of Recipient
Billing Address of Provider		Recipient's County of Residence

You are hereby authorized to supply the following services or materials as directed:

Approval for remedial eye care for the month of:

PLEASE RETURN THE COMPLETED FORM TO:

MEDICAL SERVICES DIVISION
DEPARTMENT OF HUMAN SERVICES
600 E BOULEVARD AVE DEPT 325
BISMARCK ND 58505

Approved by:

_____ Maggie D. Anderson, Director Division Medical

PROVIDER'S CLAIM FOR REIMBURSEMENT

DATE OF SERVICE OR DELIVERY	RELATIVE VALUE CODE	SERVICES RENDERED OR MATERIAL FURNISHED	AMOUNT CLAIMED	AMOUNT PAID (State Office Use)
TOTAL CLAIM			$0.00	$0.00
LESS (Insurance benefits or other financial resources, if any) Recipient Liability				
TOTAL				$0.00

CERTIFICATE AND AGREEMENT OF PROVIDER: THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM STATE FUNDS, AND ACCEPT AS PAYMENT IN FULL THE AMOUNTS PAID, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS OR CONCEALMENT OF MATERIAL FACT MAY BE PROSECUTED UNDER APPLICABLE LAWS. That the services herein charged were actually rendered and were rendered under the conditions specified, and that no part of such bill, claim, account or demand has been paid. I further certify that the goods and services hereby designated are furnished without discrimination as to age, sex, race, color, national origin, religion, political affiliation, or handicap. I agree to keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving assistance and to furnish the State Agency with such information regarding any payments claimed by such person or institution for providing services, as the State Agency may from time to time request.

CHARGE TO:	VENDOR:
☒ Aid to the Blind Fund 3525 ☐ Administrative Fund	Address:
Audited by:	By:

DISTRIBUTION: **WHITE** - Finance **CANARY** - County Social Service Board **PINK** - Case File Copy **GOLDENROD** - Vendor