RECEIPT NO. 323024 DATE **ADDRESS** cheekett ACCOUNT AMT. OF CASH ACCOUNT AMT. CHECK PAID BALANCE MONEY ORDER DUE



Non-Refundable Administrative Fee

There is a \$500.00 non-refundable administration fee. This fee includes the facility's resident assessment, admission paperwork, room preparation, and medication ordering to pharmacy once resident arrives. This also includes holding a room for thirty days once the fee has been paid.

Thank You,

Belinda M. Guzman

Executive Director

l, _____ acknowledge this fee and that it is due the day the resident is admitted.