

AUTHORIZATION/RECEIPT FOR DIRECT PAYMENT

I. The _____ County Department of Social Services hereby authorizes _____ (name of provider) to deliver/provide _____ (description of service/item) to the individual identified in Section II. below. As the provider, I agree not to collect any additional fee charge from the recipient for the service/item authorized and will keep confidential any information about a client which is shared by the Department or client.

II. Name of Recipient: _____
a. Recipient ID#: _____
b. Service/Resource Item Code: _____
c. Primary Service Code if Different: _____
d. Period of Authorization: From: _____ 19 _____ through _____ 19 _____.

III. The provider is authorized to claim payment for service/item described in Section I. above at a cost of \$ _____ per _____ (unit) for an amount not to exceed _____. A bill for the service is to be submitted along with this form. The county department of social services will reimburse the provider by check within thirty days of receipt of a correctly completed request.

IV. County Department of Social Services

Signature: _____ Title: _____
Address: _____ Date: _____

V. Provider

() a. A detailed bill is attached for service/resource item provided to the individual; or,
() b. In lieu of a bill, I, _____, hereby certify that I have provided _____ (description of what was purchased/provided) on _____ (date/s) to the recipient named above at a cost of \$ _____.

Signature: _____ Title: _____
Address: _____ Date: _____

VI. Amount of Payment: \$ _____ Date _____ Check # _____

INSTRUCTIONS FOR COMPLETION AND DISTRIBUTION OF THE DSS-6852 (Rev. 7/93)

A representative of the DSS completes Sections I-IV of this form in duplicate. Send an original to the service provider and keep a copy for the client record. The provider completes Section V. and submits any attachments required by the county department of social services. Section VI is completed by the appropriate DSS staff person when reimbursement to the provider is made.