

Application for Admission

New Freedom Transitional Living – New Freedom Recovery House

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Insurance Information

New Freedom reserves the right to request a urine sample for drug screening at any time. New Freedom is a CLIA licensed facility in the state of Arizona and is able to accept insurance for our lab procedures. We will test our clients up to twice weekly to ensure a safe and sober environment for everyone. There will be two costs which will be billed to a client's insurance; one will be the cost of our facility collecting the specimen and doing a 12 panel CLIA waived test.

Patient Name: _____ SSN: _____ DOB: _____ Age: _____

Patient Address: _____

Insured Name: _____ Relation to patient: _____

Insured Phone: _____ Insured SSN: _____ INS DOB: _____

Employer of Insured: _____

Insurance Company: _____

Insurance Company Phone: _____ (usually found on back of insurance card)

Insurance ID#: _____ Group #: _____

Type of plan: _____

DOC: _____

By signing below I _____ (the insured) agree that the above information is correct and valid to the best of my knowledge and hereby give New Freedom Recovery House, and its affiliates, permission to bill my above listed insurance company with any and all lab tests performed during the stay of the patient at New Freedom Recovery House. The quantity of lab tests is not to exceed two (2) tests per week. I also authorize billing of any treatment services provided by New Freedom Recovery House and its affiliates.

Insured Signature

Date

Client Initial _____

Parent Initial _____

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Signature Page and Financial Agreement

By signing below I agree that I have read and fully understand all of the above information. I agree that any and all payments made in any fashion by anyone listed on this application or for anyone listed on this application to New Freedom Recovery House, LLC. are **100% non-refundable**. I understand that New Freedom Recovery House contracts numerous facilities for therapy and urine screening purposes, by signing below I allow New Freedom Recovery House and any of its affiliates to bill my insurance for services rendered. I understand that New Freedom Recovery House, LLC. reserves the right to ask any client to leave at any time for any reason with or without just cause. I understand that the client will not be under total supervision and that the client will never be restricted from leaving the facility. I understand and agree that New Freedom Recovery House, LLC. and anyone affiliated with them at the time of incident, employed by or not employed by New Freedom Recovery House, LLC., is in no way responsible for the actions and/or behaviors of the client. I understand that New Freedom Recovery House, LLC. and anyone affiliated with them at the time of incident, employed by or not employed by New Freedom Recovery House, LLC., is not responsible for any injury, death, or other harm done to a client or by a client. I agree and understand that New Freedom Recovery House, LLC. is not a treatment center or facility that is licensed by any state to provide therapy or treatment of a client for any reason, New Freedom simply utilizes treatment provided by outside licensed facilities. I understand New Freedom Recovery House, LLC. methods are not guaranteed or proven and that relapse is a common issue in which New Freedom Recovery House, LLC. is not to be held responsible. I agree that ANY and ALL personal belongings left on property for more than 24 hours after discharge become property of New Freedom Recovery House, LLC. and by signing below I agree that they have the right to dispose of the belongings in ANY way they see fit. I also agree that I will not hold New Freedom Recovery Home, LLC. legally, morally, financially or any other form of responsible for anything that occurs or happens to a client or by a client at any time for any reason.

name of client

client signature

Date

name of parent/guardian

parent/guardian signature

Date

name of parent/guardian

parent/guardian signature

Date

Client Initial _____

Parent Initial _____