CHESTER HAVEN
RECOVERY CENTRE

FINANCIAL LIABILITY 003

I, _____ the undersigned declare that I will take full financial responsibility for the patient, for the period that they are admitted.

I accept that Chester Haven Recovery Centre is not liable for payments to be collected

I confirm that I am 18 years or older.
I agree that the patient will follow all the rules and guidelines of Chester Haven Recovery Centre, and failure to do so may result in a request for the patient to leave the center.

ANY MONEY PAID AT ADMITTANCE OR DURING YOUR STAY AT CHESTER HAVEN RECOVERY CENTRE IS NON-REFUNDABLE REGARDLESS OF WEATHER THE ADMITTED PERSON LEAVES IN 24 HOURS OR THREE DAYS. THE MONEY IS FORFEITED.

Date: _____

Patient name: _____

Person responsible for payment: _____

Fee: _____

Accounts department: _____