

CORE

Professional Services, P.A.

RE: _____

DOB: _____

The above-noted individual is (will be) scheduled to complete _____ with CORE Professional Services, PA.

_____ (county/dept) has agreed to pay for the cost of _____ (service being provided) and should be considered financially responsible for the amount of _____. Any request for services other than listed above will need to be discussed and agreed upon for additional payment arrangements.

The invoice for this service should be forwarded to:

Attn: _____

Address: _____

Contact Phone Number: _____

Signature

Date

Please print name & title

Contact phone #

CORE Professional Services, P.A.
617 Oak Street
Brainerd, MN 56401
ph. (218) 829-7140
fax (218) 829-7124

CORE Professional Services, P.A.
110 14th Avenue East
Sartell, MN 56377
ph. (320) 202-1400
fax (320) 202-8662

CORE Professional Services, P.A.
209 S. 2nd Street, Suite 300
Mankato, MN 56001
ph. (888) 833-2859
fax (218) 818-6726