

MJS & Associates, LLC
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Addendum to Comprehensive Assessment Payment Form

AGENCY INFORMATION

Note: All information above must be correct and legible

_____	_____
Date	_____
_____	_____
Name of Agency	Name (Last, First)
_____	_____
Street address, City, ST, ZIP Code	_____
_____	_____
Primary phone number FAX number	Email address

FORM OF DELIVERY

The Addendum to the Comprehensive Assessment and Addendum to Comprehensive Assessment Instruction Guide for Skilled Nurses will be delivered electronically in PDF format. To access the documents, you will need to have an updated version of Adobe Acrobat Reader on your computer.

PAYMENT INFORMATION

The total cost is ~~\$75.00~~ for the complete Addendum to Comprehensive Assessment and Addendum to Comprehensive Assessment Instruction Guide for Skilled Nurses.

CREDIT CARD

_____	_____
Name on Card	Card Type
_____	_____
Expiration Date	Card #/CV Code
_____	_____
Signature	Date

CHECK (Please attach copy of check to this form)

Make check payable to:
MJS & Associates, LLC

Address:
ATTN: Charlie Spears
1620 West Seale St. Nacogdoches, TX 75964

_____	_____
Check Number	Date

Thank you for your business!

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