



**Mountain Lake Services  
Article 16 Clinic**

**AUTHORIZATIONS AND NOTIFICATIONS FORM**

Individual's Name (Print): \_\_\_\_\_

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***Signature On File Authorization***

The undersigned hereby gives his/her permission to the Mountain Lake Services' Article 16 Clinic to sign Medicaid, Medicare and/or any private insurance forms for the purpose of obtaining payment for medical or clinical services rendered through the Article 16 Clinic.

Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative's Name (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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***Receipt of Notification***

I have received a copy of the Mountain Lake Services' Article 16 Clinic Handbook. I have also been informed of the agency's procedure for resolving objections and grievances, privacy practices and its statement regarding rights, responsibilities and privileges.

Individual's or Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_