



Revenue Enhancement Services
www.res.systems
163 Brewster Road
Massapequa, New York 11758
Phone: (516) 320-6900
Fax: (516) 799-6081

REFERRAL FORM

Resident Name: _____

Date of Admission: _____ Date of Discharge: _____

Billing Contact: _____

Billing Address: _____

Billing Home Phone: _____ Work Phone: _____

Relation to the Resident: _____

Resident's Finance Class: _____

Outstanding Balance: _____ As of: _____

Period for Which Balance is Outstanding: _____

Reason for Submission: _____

Admission Agreement Signed? Yes No

By Whom? _____

Submitted by: _____ Phone: _____

Please attach copy of latest bill and budget letter (if applicable)