



**SIGNATURE AUTHORIZATION
FOR MEDICAID**

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3010

By signing this form below, I confirm that I, as a service provider, have delivered all documented services, and that all service reports transmitted are true and correct. These documented services have been provided according to clinical guidelines and to the best of my ability.

I have read and agree that I will adhere to the above statements.

Signature

Date

Name (please print)

Discipline

**Please sign and return to:
Mandy Canute
@ AMA ESD**