



Client Name: \_\_\_\_\_ SSN \_\_\_\_\_  
 Phone Information: Home #: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
 Cell#: \_\_\_\_\_  
 Other#: \_\_\_\_\_

I have contacted National Substance Abuse Professionals Network (NSAPN) for Substance Abuse (SA) services, and I am choosing to proceed with each step of NSAPN’s program. In order for me to begin NSAPN’s SA program, NSAPN has educated me on the fact that I need to return the form(s) provided to me by NSAPN which must be either 1) mailed together with a cashier’s check or money order (nonrefundable) in the amount of \$550.00, or 2) returned by itself, by fax or mail, to accompany my credit card payment. The forms to return are: (a) this form **completed**, by reading and signing it below, and providing a date on which I signed it, and (b) any additional forms as requested by NSAPN, such as the authorization for release of information.

I understand that:


- By paying to NSAPN my service fee of \$550.00, either by credit/debit card, cashier’s check, or money order, I have selected NSAPN as my provider of SA services.
- If I choose to pay by cashier’s check or money order, I must submit a cashier’s check or money order in the amount of \$550.00. I acknowledge that no ‘personal’ or ‘company’ checks will be accepted by NSAPN in place of a cashier’s check or money order.
- If I choose to pay by credit card, I acknowledge that my credit card will be charged immediately. Further, I agree that no dispute may be made by the cardholder(s) in respect to said charges.
- This service fee is non-refundable, (no refunds whatsoever) whether or not I choose to follow through and complete the recommended program. Further, I acknowledge that once NSAPN receives my service fee, the process has begun, and no refunds will be issued.
- This service fee covers administrative services, which includes the initial evaluation and follow-up SAP evaluation, service coordination and documentation; this service fee does not cover the cost of the education and/or treatment recommended, or any additional costs arising from or related to the recommended program (i.e., clinical testing, etc.).
- As part of the process of initiating case implementation, third-party representative(s)/agent(s), and/or current/past employer(s), may be providing to or verifying for NSAPN personal case/referral information (including, but not limited to, workplace drug/alcohol testing information, employment history, identifying information, such as Social Security number, etc.).
- The following provision applies to only non-regulated cases:
  1. With the above understanding, I accept completely and authorize this transfer or exchange of information and relieve and release all parties from any and all damages, claims, and causes of action arising out of, or in connection with this release of information.
  2. Any delay or postponement initiated by me or my circumstances, whatever the reason, during NSAPN’s program process which has not been approved by NSAPN closes my case after forty-five (45) days—requiring me to begin anew at an additional cost.

**I have read and accept the aforementioned provisions.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Referral Agreement must be signed and returned with a cashier’s check or money order, or prior to paying by credit card. (Signature required)

Remit payment and/or form(s) to:

	National SAP Network 1481 Ford Street Suite 202 Redlands, CA 92373
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Attention Envelope to: