



Admission and Financial Commitment Form

Client Information

Name _____

Address _____

Date of birth _____ Health card number (Canadian Residents) _____

Financial Sponsor Information

Name _____

Address _____

Form of Payment

Certified cheque Direct Deposit Visa Master Card

Credit Card Number _____

Name on Card _____

Expiry Date _____

Deposit

I agree to pay Ledgehill Treatment and Recovery Centre Ltd \$3,000.00 (CF) as a deposit to secure my place.

Ledgehill has dedicated both treatment resources and a physical space for you, for the term chosen below. The funds that you are paying us in advance have assured the availability of those resources. Such funds are non-refundable in the event of voluntary departure or mandatory discharge prior to the end of the term, excepting only for medical discharge as described below.

Check which program you will be attending:

30-day program 45-day program 60-day program 90-day program

I agree and understand that the remainder of the fee is due and payable prior to admission, and that fees are not refundable, except in the case of a medical discharge initiated by Ledgehill staff. In these circumstances, a 50% refund of the daily fee will be given for each day of treatment missed.

Signed _____ Date _____