

NEW HAMPSHIRE HOSPITAL ~ HAIRCUT AUTHORIZATION AND FUNDING FORM

Vendor Name/Address

Vendor Number:

- Purpose:**
1. The haircut authorization form is to provide verification by the nursing or social work staff, that services were performed prior to a request for payment by the vendor.
NO CASH SHOULD BE GIVEN TO Stylist FOR SERVICES.
 2. If a patient has available funds, the cost of their service will be transferred from the patient's account into accounts payable prior to the day of the service.
 3. If the patient is indigent then the vendor payment will be made out of the Resident Benefit Trust fund. Once all services are invoiced the vendor will then be paid in the form of a check.
- Procedure:**
- A. Social Work Department Progam Assistant prefills the form with patients name, med. record number, date & time of service, description of svcs. and location.
 - B. A copy of the list will be scanned to cashiers to make the appropriate transfer of funds.
 - C. On the day of the cuts, the list will be placed by SW Program Assistant at the Kiosk for the vendor to pick up upon arrival.
 - D. The vendor will turn in the completed form to Sheila Young in NHH Finance who will invoice and send to accounts payable.

DATE OF SERVICE:

*if Personal Funds used. Personal Funds is the patient's account at Cashier's.

A. Patient Name / info				Appointment			B. Staff verification		C. Method of Payment			
First Name	Last Name	MR #	Unit	Time	Haircut \$20	Bangs or Beard Trim \$8	Name of staff making appointment	Signature of accompanying staff	Trust Funds	Personal Funds NOT CASH	Optional TIP, not avail from Trust Funds	Patient Initials*
COLUMN SUBTOTALS:												

D.

Vendor's Printed Name	Vendor's Signature	Date

TOTAL: \$ _____.

