



## Heritage Christian Stables

Operated by Heritage Christian Services

PO Box 200

Webster, NY 14580

**585-872-2540**

Fax: 585-872-4847

[www.heritagechristianstables.org](http://www.heritagechristianstables.org)

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## Self-Direction Agreement

Name of Participant \_\_\_\_\_

Date (month/ year) \_\_\_\_\_

Participant TABS ID # \_\_\_\_\_

Participant Social Security # \_\_\_\_\_

Participant Medicaid # \_\_\_\_\_

### Care Coordinator

Name:		Agency:	
Phone:		Email:	

### Broker

Name:		Agency:	
Phone:		Email:	

### Fiscal Intermediary

Name:		Agency:	
Phone:		Email:	

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Updated 4/2021

I agree that I have read and understand the information below:

- All participants need a prescription from their physician which must be sent to their broker and /or FI prior to the start of their riding lessons at Heritage Christian Stables. It is the participant's responsibility to acquire the prescription and forward it to their broker and/or FI.
- I consent to Heritage Christian Stables sharing information regarding myself/the participant to the above listed care coordinator, broker and/or FI.
- I understand that it is my responsibility to maintain communication with the FI so that funds are sent to Heritage Christian Stables in a timely fashion. I understand that if payments are behind, I may have to pay Heritage Christian Stables up front of services and submit for reimbursement on my own.
- I understand that lessons may need to be paused if the balance on account exceeds 60 days in past due funds.
- I understand that missed lessons cannot be billed through self-direction and that in that instance I will be responsible for the lesson fee.

(Person responsible for payment)

Signature \_\_\_\_\_

Date \_\_\_\_\_