<b>Charges to be Effective</b>	<b>:</b>
--------------------------------	----------

## Department of Health and Mental Hygiene ALCOHOL AND DRUG ABUSE ADMINISTRATION Schedule of Charges

	Vendor Name
<b>Schedule</b>	
Health S	and Drug Abuse Services Cost Review Commission Copy of Rate Order)
	Signature
	Printed Name
	Title
Approved By:	
Date	Secretary, Department of Health and Mental Hygiene
DHMH 4411A	