



# Encore Caregivers

Encore Caregivers, LLC  
7925 Katy Freeway, Suite N  
Houston, TX 77024

Phone: 713-686-2233

Fax: 713-686-9200

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e-mail: [care@encorecaregivers.com](mailto:care@encorecaregivers.com)

PLEASE FAX OR E-MAIL THIS COMPLETED FORM PRIOR TO YOUR PROCEDURE

**The undersigned cardholder hereby instructs and authorizes Encore Caregivers, LLC to charge the credit card described below for charges invoiced for homecare services rendered for:**

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**(Client Name)**

## Credit Card Authorization

VISA    Master Card    American Express    Discover

Credit Card Number

\_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ VID Code \_\_\_\_\_ (3-4 digits – small, on reverse of card)  
(4 digits on front of A/E card)

Name of Card Holder \_\_\_\_\_ e-mail: \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Credit Card Billing Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

**As the credit cardholder described above, I hereby authorize payment for services delivered and invoiced by Encore Caregivers, LLC.**

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**Cardholder's Signature**

**Date**

**Quoted rate: \$130 for up to 4 hours (includes parking), plus \$22.50 per hour, minimum of one hour for time over 4 hours. Mileage, incurred by caregiver for transporting client will be billed at \$.55/mile. Card will be charged only after service has been given. **cc: Accounting and Administration****