

Payment Authorization Form

Client (Care Recipient)*: _____

Payment Type*: Credit Card ACH/EFT

Is Billing Contact same as Care Recipient? Yes No

Card Number: _____ CW2 Code: _____

Acct/Card Holder Name* _____ Expiration: _____

ACH/EFT Acct. No.: _____

ACH/EFT Routing No.: _____

Billing Address*: _____

3rd Party Payer (LTC, VA) <input type="radio"/> YES <input type="radio"/> NO*	
LTC Name*	
Claims Email	
Claims Fax	
Claims Phone #	
Policy/ID #	
SSN	
Client DOB	

Primary Billing Contact for Payment*	
Name*	
Address*	
City/St/ Zip*	
Email*	
Phone*	
<i>Invoices will be emailed to the billing address listed here unless otherwise indicated in billing notes.</i>	

Client Initials

_____ **Cancellation within 24 hours of a scheduled shift will result in a full charge of the scheduled shift.**

_____ **Cancellation of all Best at Home Services without a 14 day notice will result in \$250 cancellation fee.**

_____ **All credit/debit card payments will include a 3.9% convenience fee. There will be no fee for ACH payments.**

_____ **A \$35 fee will be charged for checks or ACH transactions returned by your bank.**

_____ **Late Fee: A \$50 late fee will be charged for any invoices more than 7 days past due.**

_____ **Security Deposit Policy: Best at Home will require a fully refundable security deposit to be held in reserve. If cancellation fee is due, it will be withheld from the security deposit refund. The amount that will be charged to your account for the security deposit is**

_____.

_____ **Long Term Care Insurance: Clients are responsible to remit payment for all charges to Best at Home on a weekly basis. Best at Home will file insurance documents, on the client's behalf, between the 1st and 7th of each month. Insurance companies will then reimburse clients based on individual policy provisions. If more frequent filing is required, additional fees will be assessed.**

_____ **Holidays are billed at 1.5x the quoted bill rate. Recognized holidays include: New Year's Day, Easter, Mother's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas.**

Additional Billing Notes:

Authorization: I, the undersigned party, hereby authorize Best at Home to charge the bank account and/or credit card listed below on the date Best at Home creates its invoice for services provided to or other services at the direction of the Client or Client's representative for the full amount invoiced, which may vary invoice by invoice, as indicated above.

Revocation of Authorization: I agree and understand that this authorization for ACH debit/credit transactions or credit card charges will continue until I give written notice to Best at Home to revoke this authorization. My written notice of revocation will be effective as soon as Best at Home my written notice and can reasonably act to terminate the ACH debiting process. Best at Home may charge the Client such actual expenses including attorneys' fees, expenses, internet, and venue, necessary both to discontinue such charging authority and to collect any overdue and unpaid balance

Card/Account Holder or POA (Print Name)

Card/Account Holder or POA Signature

Date

Agency Representative (Print Name)

Agency Representative Signature

Date