



Able Care, Inc.

P.O. Box 99381, Louisville, Kentucky 40269-0381
PH (502) 267-1911 • FAX (502) 267-3004

Authorization to Bill Company

Facility: _____

Address: _____

Telephone: _____

Resident Information:

Name: _____

Room #: _____

Service Requested:

Wheelchair Ambulatory **Appointment Date:** _____

Pickup Time: _____ **Appointment Time:** _____

Destination: _____

Authorization:

I authorize the above client transportation and verify this company is responsible for payment at the negotiated rate.

Name: _____ **Title:** _____

Signature: _____