



Able Care, Inc.

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

Authorization to Bill Family

Facility: _____

Address: _____

Telephone: _____

Resident Information:

Name: _____

Room #: _____

Service Requested:

Wheelchair Ambulatory Appointment Date: _____

Pickup Time: _____ Appointment Time: _____

Destination: _____

Authorization:

I authorize the above resident transportation and verify the family or POA is responsible for payment at the negotiated rate.

Name: _____ Title: _____

Signature: _____

Responsible Party Signature: _____