RIGHT ACCORD
Private Duty-Home Health Care
3900 Clark Road Suite B5, Sarasota, FL 34233
941.366.0801 | www.rightaccordhealth.com

PAYMENT FORM

DATE: _____

You can make your deposit and/or recurring payments by check or Credit Card. If you choose to pay by one of the following methods, please complete and return as soon as possible. CHECK ☐ CREDIT CARD ☐

Patient/Client Name:_____

Client Address:_____ Telephone #: _____

Representative Details: Invoice to be sent to: ☐ Client Representative ☐

Name:_____ Relationship: _____

Address: _____

Telephone #: _____ Email: _____

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Credit Card Details:

Name on Card: _____

Card Type: Visa ☐ MasterCard ☐ American Express ☐ Discover ☐

Card Number: _____ Expiration Date: _____ CVN: _____

Billing Address:_____
(if different from above)

I authorize Right Accord to debit my credit card weekly for invoices billed.

_____ _____
Client Signature Representative Signature

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Please Note: To secure immediate services, credit card details must be completed. Additional 4% Fee per Transaction

Return by email to
management@rightaccordhealth.com
or fax 941–366-0801

UPDATED January 2022