Sari Ann Lewis, OTR/L, RCST®
14362 N. Frank Lloyd Wright Blvd. Suite 1000
Scottsdale, AZ 85260
www.sarihands.com
Phone: (480) 206-6592

I authorize Sari Hands PLC to charge my credit card for the client responsible covered charges (missed visit charges, late cancelation fees) incurred during my course of treatment.

I understand that this information will be held in the strictest of confidence and will be used for the sole purpose described above.

Credit Card Number

____

Expiration Date/ CVV Code**(3-4 digits)

____

Full Address/Zip Code

____

Cardholder Name

____

Signature ____

Date____