Sari Ann Lewis, OTR/L, RCST®
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Phone: (480) 998-8448 **Fax: (480) 451-1352**

I authorize Sari Hands PLC to charge my credit card for the patient responsible, non-insurance covered charges (co-pay, co-insurance, deductible, missed visit charges, late cancelation fees, etc.) incurred during my course of treatment. These may be charged to the card indicated below at the time of service or at a future time if new information becomes known about charges or expected reimbursement during the 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 Type (Visa, MasterCard)

Credit Card Number

_____

Expiration Date/ CVV Code**

_____

Full Address/Zip Code

_____

Cardholder Name

_____

Signature _____

Date_____