

**ADDENDUM TO CLIENT AGREEMENT FOR SELF PAYMENT
CREDIT CARD AUTHORIZATION FORM/AUTORIZACION DE TARJETA DE CREDITO**

Client Information / Información del Cliente			
Last Name		First Name	
Address			
City		State	Zip
Telephone		Alternate Phone	

Financially Responsible Party (if other than Client)/Responsabilidad Financiera			
Last Name		First Name M.I.	
Address			
City		State	Zip
Telephone		Alternate Phone	

Method of Payment: Credit Card Check Cash

Type of Card _____ Expiration Date _____

Card Number _____ Security Code Verified

I authorize _____ to charge to this credit card the balance due under this Agreement during the first week of each month and upon termination of services. This authorization will continue until I give written notice to _____ that I revoke the authorization. Such written notice will be effective the date notice is received.

If you sign this Addendum to the Client Services Agreement on behalf of Client, you must attach to this agreement a copy of the Power of Attorney or court order appointing you Client's legal guardian.

Client or Legal Representative's Signature _____ Date _____

Agency representative: _____ Date _____

Financially Responsible Party	
By signing below I agree to be responsible as a surety to pay for any and all charges or fees for services Norway Home Health, Inc. provides to the Client pursuant to this Client Services Agreement and the attached Schedules of Services and Rates.	
_____	_____
<i>Financially Responsible Party Signature</i>	<i>Date</i>