Americare
Assisted Living

RESIDENT
BILLING INFORMATION SHEET

RESIDENT NAME: _____

RESPONSIBLE PERSON: _____

RELATIONSHIP TO RESIDENT: _____

I PREFER TO RECEIVE BILLS VIA: _____ EMAIL _____ MAIL

BILLING ADDRESS: _____

_____

_____

BILLING EMAIL: _____

TELELPHONE: _____ CELL PHONE: _____

SECONDARY CONTACT (IF APPLICABLE: _____

RELATIONSHIP TO RESIDENT: _____

MAILING ADDRESS: _____

_____

_____

EMAIL: _____

TELELPHONE: _____ CELL PHONE: _____