

Heartfelt Elder Care Payment Authorization

Subject: Credit Card Authorization for Parent's Care Expenses

Dear [Care Facility/Service Provider],

With a heavy but grateful heart, I am writing to authorize credit card payments for the care of my beloved [mother/father], [Parent's Full Name], who is residing at your facility.

As [his/her] [son/daughter] and designated financial power of attorney, I want to ensure [he/she] receives the best possible care without any payment delays or concerns.

Please charge my credit card for:

- Monthly care facility fees
- Additional medical services and consultations
- Personal care items and comfort supplies
- Physical therapy and recreational activities
- Any emergency medical expenses

This comes from a place of love and wanting to honor my parent who gave so much to our family. Please don't hesitate to provide any service that would improve [his/her] quality of life or comfort.

I trust your professional judgment and appreciate the compassionate care you provide. If you ever need to discuss any charges or care decisions, please call me immediately.

With sincere gratitude,

[Your Name]

[Relationship to Patient]

[Contact Information]

[Date]

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