



CREDIT CARD ON FILE POLICY

At Physical Therapy Unlimited, Inc., we require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. An "outstanding balance" charge of 1.5 percent of the total bill will be charged for each month that the bill remains unpaid.

Your credit card information is kept confidential and secure, encrypted gateway site, which is completely compliant as required by law. Payment to your card will be processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account, and your account has become past due. We will make every reasonable attempt to contact you before your card is charged.

I authorize Physical Therapy Unlimited, Inc. to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

Amex Visa Mastercard Discover

Credit card Number _____ -

ExpirationDate ____/____

Cardholder Name _____

Signature _____

I, the undersigned, authorize and request Physical Therapy Unlimited to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility

This authorization relates to all payment not covered by my insurance company for services provided to me by Physical Therapy Unlimited, Inc.

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to Physical Therapy Unlimited, Inc. in writing and the account must be in good standing.

Patient Name(print) _____

Patient Signature _____

Date _____