

WE ARE GOING "TOUCHLESS"!!

In an effort to follow CDC guidelines and keep our patients and staff as safe as possible, we are moving towards a touchless system therefore, in order to receive treatment, keeping a credit card on file for all incidentals is required.

**IN BALANCE PHYSICAL THERAPY
CREDIT CARD AUTHORIZATION NOTICE**

By providing us with your credit card and signing this authorization, you authorize In Balance Physical Therapy to charge your credit card for any and all unpaid amounts that In Balance PT or your insurer determines are your responsibility for items and services provided by In Balance PT. You agree that In Balance PT may charge your credit card for such amounts at the end of your current visit or at a later date.

After today's date, In Balance PT will send you itemized bills via U.S mail. Please be sure that your contact information on file with us is correct.

A copy of this authorization is available upon request.

AGREEMENT

I, the undersigned, am an authorized user of the credit card that I supplied you with today. I hereby authorize In Balance PT to charge my credit card for balances due for items and services provided by In Balance PT. I agree to pay all amounts charged pursuant to this authorization in accordance with the issuing bank cardholder agreement.

Credit Card Type: VISA, MC, AMEX, DISCOVER

Name on Card: _____

Credit Card Number: _____ Exp: _____

Billing Zipcode: _____ CCV: _____

Authorized User Signature Printed Name Date