



ACROSS ALL AGES

PHYSICAL THERAPY, LLC

380 S Germantown Rd, Breese, IL 62230

Phone: 618-526-9311 ● Fax: 877-420-7862

CREDIT CARD AUTHORIZATION FORM

I, _____ (Print name), authorize Across All Ages Physical Therapy, LLC to charge my credit card above for the agreed upon copays, coinsurance, and/or deductibles for each office visit as my insurance(s) policy states. I understand that my information will be saved to file for future transactions on my account as long as I am a patient at this facility.

Under NO circumstances will Across All Ages Physical Therapy, LLC share your credit card information for anything not discussed personally with you. In conjunction with HIPPA regulations, all credit card information will be confidentially kept within your electronic medical record in this office.

Patient Signature _____

Date _____

(If patient is under 18 years old, then parent/guardian must sign for patient)