



Three Peaks Physical Therapy, Massage & Acupuncture Reimbursement Checks

Your insurance company sends reimbursement checks directly to you for services rendered. Here, we require credit card information to be kept on file to ensure payment is made to the company. There will be no charge made to this credit card as long as any checks you receive are immediately sent to us with the proper endorsement, as follows:

**Pay to the order of:
Three Peaks Physical Therapy, Massage & Acupuncture
(Your signature)**

You may either bring the checks into Three Peaks Physical Therapy, Massage & Acupuncture or send them directly to:

**Three Peaks Physical Therapy, Massage & Acupuncture
P.O. Box 607
Islip, NY 11751**

Thank you for your cooperation.

ALL INFORMATION BELOW REQUIRED. KINDLY PRINT LEGIBLY.

Credit Card Type: (choose one)

MasterCard Visa Discover Card American Express

Cardholder's Name: _____

Credit Card Number: _____

Expir. Date: ____/____

Security Number: _____
(3 digits on back of card)

Patient Signature: _____

Date: _____