



### Credit Card on File Billing Authorization Form

AlignMend Physical Therapy is offering a secure and convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed to and processed by your insurance carrier, and the insurance portion of the claim has posted to your account, or in the event that valid insurance information was not provided at the time of service.

I, \_\_\_\_\_, authorize AlignMend Physical Therapy to capture my credit card information and securely store my credit card on file.

I authorize AlignMend to charge my credit card on file for any balance owing on the below indicated account up to \$ \_\_\_\_\_ (minimum accepted is \$150 we recommend entering your deductible amount) per month.

I agree AlignMend Physical Therapy may charge my credit card on file for the balance due when they receive a copy of the EOB. This authorization relates to all balances not covered by my insurance company for services provided by AlignMend Physical Therapy. This could be amounts resulting from balances related to copayment, deductible, co-insurance, non-covered services, or denials for no coverage/eligibility but is not limited to these scenarios.

I understand that this form is valid until I give a 30-day written notice to cancel and authorization to AlignMend Physical Therapy. Written notice must be submitted to AlignMend Physical Therapy, 2946 Eastlake Ave E, Seattle, Washington 98102

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Patient Name: \_\_\_\_\_

Account#: \_\_\_\_\_

Card Holder's Name (as shown on card): \_\_\_\_\_

Visa    Master Card    Discover    American Express

Credit Card Number: \_\_\_\_\_

Expiration date (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

CVC: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date