

# Form and Fitness Physical Therapy, LLC

## EASY-PAY Plan

**OUR EASY-PAY PROGRAM ALLOWS US TO CAPTURE YOUR CREDIT CARD ON FILE AND WILL BE SHREDED WHEN YOUR BALANCE IS PAID IN FULL.**

I agree to:

*(Please check one)*

- Allow Form and Fitness Physical Therapy to make weekly credit card payments on my behalf for all the Dates of Service that took place within the week. I agree to pay the full balance due at the end of each week and a credit card transaction will occur every Friday, when appropriate.
- Allow Form and Fitness Physical Therapy to make monthly credit card payments on my behalf in the amount of \$\_\_\_\_\_ until the balance is paid in full. I agree to pay this amount on the \_\_\_\_\_ of each month.
- Allow Form and Fitness Physical Therapy to place credit card charges on my behalf during my treatment sessions when payments from my insurance company have been received. These credit card transactions will take place when the insurance company has paid their portion, and my balance is due.
- Allow Form and Fitness Physical Therapy to place a one time credit card charge on my behalf. This credit card transaction will take place after I have been discharged from treatment, the insurance company has paid their entire portion, and my remaining balance is due.

MasterCard \_\_\_\_\_

Visa \_\_\_\_\_

Discover \_\_\_\_\_

Name on Card: \_\_\_\_\_  
(Please print)

Credit card number: \_\_\_\_\_

Credit card expiration date: \_\_\_\_/\_\_\_\_  
(Mo/Yr)

Signature authorizing payment: \_\_\_\_\_ Date: \_\_\_\_\_

My signature authorizes Form and Fitness Physical Therapy to charge the balance of my bill to my credit card that has been captured here and will remain confidential.

As a courtesy, Form and Fitness Physical Therapy will attempt to notify you by phone of any pending credit card transactions 24 hours in advance.