



CREDIT CARD FAST PASS ON FILE POLICY

We have implemented a policy for your convenience which enables you to maintain your credit card information confidentially and securely on file with ProCare Rehabilitation, LLC.

Co-pays: Co-pays are due at the time of the office visit. ProCare Rehabilitation will charge the credit card on file at the time of your visit.

Outstanding Balance: If your insurance provider has paid their portion of your bill [or any other patient(s) you have listed on this form] and there is still an outstanding balance owed, ProCare Rehabilitation, LLC will charge the credit card on file.

Products: Self Pay services, items such as relax a back's, lumbar rolls, pulley's etc.

Amex Visa Mastercard Discover

Credit Card Number _____

Expiration Date ____/____/____ CCV: _____

Cardholder Name _____

Signature _____

Billing Address _____

City _____ State _____ Zip _____

I (we), the undersigned, authorize and request ProCare Rehabilitation to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by ProCare Rehabilitation, LLC

This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60 day notification to Procare Rehabilitation in writing and the account must be in good standing.

Patient Name (Print): _____

Date: ____/____/____