

## CREDIT CARD ON FILE POLICY

At Premier Physical Therapy & Sports Performance we require keeping your credit or debit card on file as a convenient method of payment for the portion of services for which you are liable. Co-pays are still due at time of service. At check in, your credit card information will be obtained and kept securely until your insurance(s) have paid their portion and notifies us of the balance due, if any. Your credit card information is kept confidential and secure and payments to your card may be processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account.

By signing below, I authorize Premier Physical Therapy & Sports Performance to charge the portion of my bill that is my financial responsibility and/or all amounts owned to Premier Physical Therapy & Sports Performance to the provided credit or debit card including but not limited to (i) amounts agreed to as part of a payment plan, (ii) copayments, (iii) coinsurance , (iv) deductibles. I authorize Premier Physical Therapy & Sports Performance to charge my credit card or debit card for any outstanding balances when due.

I may not be provided with advance notice of payment authorized hereunder for transactions. I understand that I will receive an emailed statement at the beginning of the month and if I am in disagreement with any amount I should contact the billing office immediately.

This authorization relates to all payments not covered by my insurance company for services provided to me by Premier Physical Therapy & Sports Performance.

I understand that my signature and payment information will be maintained on file for future use by Premier Physical Therapy & Sports Performance. The applicable payment card or bank account number may be truncated and "tokenized" by the payment agent in order to help maintain the security of my payment information.

I understand that I am ultimately responsible for payment of charges for services I receive from Premier Physical Therapy & Sports Performance including those covered by my insurance. As a convenience, this practice will submit claims for reimbursement with my insurance provider; however, all payment responsibility is ultimately mine.

If the credit card that I provide today changes, expires or is denied for any reason, I agree to immediately give Premier Physical Therapy & Sports Performance a new, valid credit card which I will allow them to charge over the telephone. Even though Premier Physical Therapy & Sports Performance is not processing the new card in person, I agree that the new card may be used with the same authorization as the original card I presented.

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to Premier Physical Therapy & Sports Performance in writing and the account must be in good standing.

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_