

If your child will be attending his/her Physical Therapy sessions without your presence, please fill out the form below for credit card payments. Charges are due at the time of service per your agreement with your designated insurance company. If you chose not to have your credit card charged, please remember to send a check or cash with your child. If you have any questions or concerns please contact our billing office at 970-663-6142 option 3.

Credit Card Payment Authorization Form

Sign and complete this form to authorize Rebound Sports & Physical Therapy, P.C. (EIN: 84-1420666) to make a debit to your credit card listed below.

By signing this form you give Rebound permission to debit your account for the amount indicated on or after the indicated date. This permission is for copays/co-insurance related to treatment and supplies only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Rebound Sports & Physical Therapy, P.C. to charge my credit card account
(full name)

indicated below for _____ beginning on _____ and ending on _____.
(amount) (date) (date)

This payment is for _____ Copays / Co-insurance / Deductibles / Supplies.
(description of goods/services)

For _____ (Name of Patient/Minor)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

(A cc receipt will be emailed to you.)

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

PRINTED NAME of Patient/Guardian _____

SIGNATURE of Patient/Guardian _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. 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.

